COUNCIL MEETING NOTICE/AGENDA

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Sheraton Grand Hotel
1230 J Street
Sacramento, CA 95814
(916) 447-1700

January 19, 2011
10 a.m. – 5 p.m.*
*(*ending time is approximate only and for the purpose of travel planning)*

Pursuant to Government code Sections 11123.1 and 11125(f), individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in this meeting should contact Robin Maitino at (916) 322-8481 or email robin.maitino@scdd.ca.gov. Requests must be received by 5:00 pm, January 12, 2011.

**Denotes action item. ** Potential action item*

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1.	**CALL TO ORDER**	L. Shipp
2.	**ESTABLISHMENT OF QUORUM**	L. Shipp
3.	**WELCOME/INTRODUCTIONS**	L. Shipp
4.	**PUBLIC COMMENTS**	

*This item is for members of the public only to provide comments and/or present information to the Council on matters **not** on the agenda. Each person will be afforded up to three minutes to speak. Written requests, if any, will be considered first. The Council will provide a public comment period, not to exceed a total of seven minutes, for public comment prior to action on each agenda item.*

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13.	**EXECUTIVE DIRECTOR'S UPDATE**	C. Risley	
14.	***ADJOURNMENT**	L. Shipp	

DRAFT

Council Meeting Minutes
November 16 & 17, 2010

Members Present	Members Absent	Others Attending
Marcia Good, Chairperson	Lynn Daucher	Willie West
Lisa Cooley	Jack O'Connell	Matt Silvius
Shirley Dove	Olivia Raynor	Heidi Matlack
Bill Moore	Kim Belshé	Dena Hernandez
Ray Ceragioli	Robin Hansen	Bob Phillips
Emily Matlack		Robin Keehn
Denise Filz		Mark Starford
David Mulvaney		Roberta Newton
Jennifer Allen		Carol J. Risley
Catherine Blakemore		Michael Rosenberg
Kerstin Williams		Melissa Corral
Jennifer Walsh		Molly Kennedy
Leroy Shipp		Don Braeger
Patty O'Brien		Margaret Shipp
Steve Silvius		Joe Meadours
Jorge Aguilar		Rocio Smith
Michael Bailey		Mary Maher
Barbara Wheeler		Dawn Morley
Kraig (Max) Duley		Marty Omoto
Terri Delgadillo		Sheryl Matney
		Trina Danberg-King
		Vicki Smith
		Robin Rhodes
		Anita Lewis
		Charlene Jones

1. CALL TO ORDER/ESTABLISHMENT OF QUORUM

Marcy Good, Chairperson called the meeting to order at 10:05 a.m. as a Committee of the Whole and established a quorum present at 10:15 a.m.

2. WELCOME AND INTRODUCTIONS

Each council member and others attending introduced themselves.

3. PUBLIC COMMENT

Marty Omoto discussed recent budget cuts and the impact this has had on people with disabilities. He anticipates more cuts in 2011-12 that could be devastating and talked about the need to come together.

4. APROVAL OF SEPTEMBER 21, 2010 MEETING MINUTES

Marcy Good noted that on page 9 under Executive Committee Report, Leroy Shipp was removed from the Nominating Committee not the Executive Committee. Leroy Shipp noted that Robin Keehn, Executive Director, Area Board 2 was present at the meeting. With these changes, it was moved/seconded (Dove/Matlack) and carried to approve the September 21, 2010, Council meeting minutes as corrected.

5. CHAIRPERSON'S REPORT

Marcy Good referred to two handouts, the 2011 State Council Meeting Calendar that lists scheduled meeting dates and another listing the upcoming State Strategic Plan public hearing dates. She encouraged Council members to participate in the State Plan hearings.

Marcy reported that she testified at a hearing on November 4, 2010, conducted by the Senate Committee on Human Services and the Assembly Committee on Human Services regarding the a Bureau of State Auditor's report addressing the developmental services system and specifically, regional centers, from a family/advocate perspective. A copy of the Council's testimony was included in the meeting packet.

Marcy reported that she and Carol have been invited to participate in a Listening Session being conducted by the Administration on Developmental Disabilities (ADD) in Denver. The Council will participate in the priority setting session for the ADD Strategic Plan.

Marcy discussed her attendance at the Department of Developmental Services' (DDS) Consumer Advisory Committee (CAC) meeting and

shared materials developed by the Board Resource Center to facilitate active consumer participation at the meeting. She also shared Area Board 9's new plain language publication regarding legislative advocacy.

Marcy will be attending an upcoming meeting addressing closure activities at Lanterman Developmental Center.

In closing, Marcy noted that this will be her last meeting as the chairperson and that it has been her pleasure to be the chairperson as she has learned so much about the disability movement and hopes that the Council continues to move forward in being a stronger organization.

6. PEOPLE FIRST OF CALIFORNIA UPDATE

Joe Meadours, Executive Director, People First of California (PFOC) began by thanking the Council for their hard work in making this meeting happen. PFOC is updating the organization's brochure to utilize it as a marketing and promotional tool, delivering a clear and focused message targeting the public. PFOC is developing an organizational chart containing information on membership and chapters – all of which will be posted on the PFOC website.

Joe also presented the Council with a draft training evaluation tool. The purpose of this evaluation is to assist Joe in developing stronger presentation skills. It asks if the training was pertinent and useful and if participants benefited from the information provided? It asks participants to rate the training overall, if it was worthwhile, and should it be conducted on a regular basis.

In April 2010, PFOC developed a white paper that discusses the People First of California Board and what they do. As an outreach effort, they also drafted a "Youth Book" that will target the youth population and be disseminated throughout schools around California. In ending, Joe highlighted some of the organization's recent accomplishments.

7. COMMITTEE REPORTS

A. Strategic Planning – Michael Rosenberg

Michael Rosenberg provided background on the process for the development of the draft California State Strategic Plan on Developmental Disabilities for 2011-2016. The draft plan addresses information required by the federal government that includes areas of emphasis, strategic goals, objectives, and benchmarks developed by each area board for the next five-year period. The next phase is to conduct public hearings hosted around the State providing sessions for public review and comment. It was noted that the handout included revised dates, times, and locations. The draft plan will also be posted on the SCDD website. The plan must be approved by July 2011, as SCDD will be submitting it to ADD by August 15, 2011. Council staff is developing an information management system that will report the specific benchmarks and strategies from each of the area board making reporting easier and more accessible to the public.

B. Program Development Fund – Lisa Cooley

In February 2010, the Program Development Fund Committee initiated a process to review the distribution process for Cycle 34 grant funds. The Committee proposes that funds be allocated to local area boards for distribution in their communities designed to fund activities that will assist in achieving the Boards' goals and objectives. Following a brief discussion of the draft Request for Proposal and Application and Instructions for the granting of these funds by area boards, it was moved/seconded (Bailey/Shipp) and carried to approve the Request for Proposal and Application and Instructions for Cycle 34 grant funds.

C. Employment First Committee (EFC) – Michael Bailey

Assembly Bill 287 directed the Council to form the EFC to identify barriers to the integrated employment of persons with developmental disabilities and develop recommendations for strategies to eliminate those barriers. EFC met in September and subcommittees are meeting between meetings of the full EFC to develop a report that is

due to the Governor and Legislature by July 1, 2011, and annually thereafter. A copy of the EFC's meeting agenda for November 2010 was included in the Council meeting packet.

D. **Legislative and Public Policy (LPPC) – Carol Risley**

(1) H.R. 1255 entitled, "To protect the interests of each resident of intermediate care facilities for the mentally retarded (ICF/MR-DD) in class action lawsuits on behalf of such residents. In October 2010, LPPC voted to recommend the Council oppose H.R. 1255 as being unnecessary based upon the protections afforded this population and that members of the "class" can opt-out of cases.

Ray Ceragioli presented arguments in support of the measure noting that to opt-out, families would need to engage attorneys at great cost to them personally while public funds were supporting the side bringing the action. Following discussion, it was moved/seconded (Dove/Shipp) and carried to oppose H.R. 1255 (15 ayes, 2 noes, 3 abstentions). Following action, Marty Omoto questioned the need to take time to focus on this bill and suggested there are more pressing matters for the Council to address.

(2) Public Transportation Policy – The Council directed LPPC to develop policies pertaining to employment, housing, special education, and the Lanterman Act.

LPPC recognized the need to develop a policy on public transportation for consideration by the Council. During discussion of the draft policy, it was recommended that the policy specifically address AMTRACK. It was moved/seconded (Dove/Silvius) and carried to adopt the policy statement on public transportation with an amendment specifically mentioning AMTRACK.

E. **Administrative – Shirley Dove**

The National Council on Developmental Disabilities (NACDD) is a member-driven organization, consisting of 55 State and Territorial Councils, whose purpose is to represent the diverse interest of its

members on a national level. The Administrative Committee recommended that the Council continue its membership in NACDD and pay the annual dues of $20,058. It was moved /seconded (Aguilar/Silvius) and carried to pay the membership dues for 2011.

Shirley Dove requested that within 60 days of travel, members submit their travel expense claim forms (with receipts attached) to SCDD for reimbursement.

The minutes from the final Administrative Committee meeting on October 20, 2010, were included in the Council meeting packet. The duties of this Committee are now part of the duties of the Executive Committee.

F. **Executive – Marcy Good**

Melissa Corral reported that based upon the change in the name of the Council's State Plan; elimination of the Administrative Committee, and an error regarding the required number of votes to adopt amendments to the Council by-laws; she drafted bylaw amendments addressing these issues. It was moved/seconded (Silvius/Cooley) and carried to amend the by-laws as proposed.

Marcy noted that the minutes from the October 20, 2010 Executive Committee meeting were included in the Council agenda packet.

G. **Nominating – Shirley Dove**

Shirley noted it was her privilege to chair the Nominating Committee and thanked Jorge Aguilar and Lisa Cooley for their assistance. The Committee put forth a slate with Leroy Shipp as the next Council chairperson and Michael Bailey as the Council vice-chairperson. It was moved /seconded (Aguilar/Mulvaney) and carried to accept Nominating Committee report and elect the slate of officers.

8. **BRIEFING PAPER FOR GOVERNOR-ELECT** – Marcy Good

Due to other priorities, this item was delayed and will be considered in the future.

9. COUNCIL MEMBER REPORTS/COMMENTS

Terri Delgadillo, Department of Developmental Services (DDS) reported the budget 2010-11 includes $4.8 billion total funds for DDS. There is $4.126 billion allocated for the community services (a net increase of $110 million); $646 million for the developmental centers; and $38 million for DDS headquarters. Budget trailer bills required an additional 1.25% payment reduction to many providers, bringing the total reduction to 4.25% and allowing some additional flexibility. Another bill authorizes DDS to bill back to 2007 for ICF-DD services totaling over $150 million of additional federal funds retroactive and an additional $40 and $50 million per year federal income. There is also language that allows DDS to restructure the financing of the homes developed as part of the closure of Agnews, which will save the state $26 million in interest payments. Another trailer bill includes language directing the closure of Lanterman Developmental Center and authorizing the expansion of the "962 homes" (Adult Residential Facility for Persons with Special Care Needs) for the Lanterman residents, as well as use of state staff in the community which was allowed during the closure of Agnews. DDS is working closely with the Department of Health Care Services (DHCS) on implementation of the 1915(i) waiver in order to access additional federal funds for services to persons with developmental disabilities. Terri reported on the committees established around the closure of Lanterman Developmental Center; as well as the federal Office of Special Education review of the early start program.

Bill Moore, Department of Rehabilitation (DOR) reported that they and the California Community College Chancellor's Office selected five colleges to develop College-to-Career programs that provide pre-vocational and vocational training via on-campus inclusive services for students with intellectual disabilities. These training programs will provide job development and placement services. The five colleges selected are College of Alameda, Santa Rosa Junior College, Sacramento City College, North Orange Community College District, and San Diego City College District. Bill reported on the continued enhanced and expanded consumer services through awarding over $20 million to Community Rehabilitation Programs and Cooperative Partnered agencies to make improvements and provide enhanced and expanded services to consumers. DOR has 160 American Recovery and Reinvestment Act (ARRA) cooperative contracts, 36 ARRA

community rehabilitation program contracts, developed 653 on-the-job training contracts, 31 small business opportunities have been created with 52 successful employment outcomes. He also noted that $1.6 million has been awarded to independent living centers for six projects to provide services to underserved populations including youth outreach and transition, Native American independent living service expansion, Traumatic Brain Injury, Olmstead implementation, and peer mentor and public policy training and technical assistance. Bill noted that DOR has a leadership role in ensuring state information and communication technology is accessible to persons with disabilities and has been working with the Office of the State Chief Information Officer on the publication of an Information Technology (IT) policy letter on Employment Technology Accessibility and an IT accessibility resource guide. DOR continues to collaborate with the Department of General Services to develop contracts for reasonable accommodation services and equipment; and with the State Personnel Board to facilitate greater awareness of statewide reasonable accommodation requirements among state managers. Bill announced that DOR was awarded the Association of California State Employees with Disabilities' ACE Award for 2010 as the number one medium sized state employer of persons with disabilities; and the National Council on Rehabilitation Education presented DOR with the President's Award for Excellence in Rehabilitation for the Collaboration with the California University Students and Community Rehabilitation Programs.

Catherine Blakemore, Disability Rights California (DRC) updated the Council on the recent settlement reached between DRC and the County of Sacramento to keep outpatient mental health services in place through June 30, 2011. DRC has hired an independent assessor to review the plan the county proposed and what should happen next. DRC worked with the Office of Civil Rights and the Department of Education on statewide video conference training regarding accommodations to qualified college students with disabilities.

Barbara Wheeler, UCEDD-USC will be providing testimony in Denver recommending ADD to spend more time focusing on the needs of people from diverse cultures. She noted that the National Institutes of Health (NIH) developed a public initiative to build the public's trust of what NIH does. NIH invests over $31.2 billion annually in medical research for American people. More than 80% of NIH's funding is

awarded through almost 50,000 competitive grants to more than 325,000 researchers at over 3,000 universities, medical schools, and other research institutions in every state and around the world. USC received a grant targeting research on helping Latino families become more involved in research, especially genetic research on autism. Another grant received, disseminated scientific information on autism. In terms of clinical services, UCEDD-USC has an autism clinic that shares data looking at the bio-medical aspects of autism; thanks to the efforts of Sheri Brady, Area Board 10, a Rhett's syndrome clinic has been started and Dr. Jacobs started a primary care for people with disabilities. Barbara reported that UCEDD is a recipient of a grant from OSEP to train special education advocates in collaboration with the Council on Parent Advocates and Attorneys, a national organization. A 330-hour training program was developed to train special education advocates – an alternate to high level legal intervention where disputes involve special education. Currently, UCEDD is looking for people that are eligible to attend training and hopes that California and other states will adopt this program. A second grant is with the Peer Self-Advocacy Unit of Disability Rights of California. The advocacy unit is working with three minority parent groups; Chinese, Vietnamese, and Latinos looking at alternative models to build self-advocacy within the minority groups.

10. **FEDERAL PARTNERS REPORT**

Marcy Good identified the federal partners as the Council, UCEDDS, and DRC. The federal partners developed written input for the ADD Listening sessions. A copy of what the California Partners submitted has been provided to all Council members via email.

11. **QUALITY ASSESSMENT UPDATE – Roberta Newton**

Beginning January through June 2011, the Council will be conducting mail surveys with family members who have a child and/or an adult child who lives at home with the family. Surveys will be mailed out to a sample of family members and will include a stamped self-addressed envelope for return to the area board office. Those that are not returned will be followed up with a phone call. Over 17,000 surveys will need to be mailed in order to achieve a level of desired return from 400 familes per regional center catchment area. Subsequently, beginning with July 1, 2011, area boards will return to interviewing consumers.

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The quality assessment project is included in the planned closure of the Lanterman Developmental Center. This project recommends that within the first year, every consumer and family member of residents leaving the Center be interviewed using the national instrument.

All the data will be analyzed by Human Research Institute in Massachusetts and a report will be provided to DDS by July 2011.

12. **EXECUTIVE DIRECTOR'S UPDATE – Carol Risley**

Carol reported that:

(1) Molly Kennedy is awaiting appointment to the Council.

(2) She participated on a conference call with the Lanterman Coalition where they discussed a survey that the Coalition put together to assess how people are feeling about services and supports in the developmental services system.

(3) The Council received authority for Area Board 4 and Area Board 8 to fill Clients' Rights Advocate positions at the two developmental centers; she has selected an Executive Assistance and made a contingency offer pending an exemption to the hiring freeze; and will be conducting interviews for the Legislative Specialist position shortly.

(4) The Medicaid 1115 demonstration project will be a $10 billion income boost to California through the federal Medicaid money. However, this will impact people with disabilities. Basically, this will change California's MediCal system into managed care due to mandatory enrollment. There is serious concern on how much information may or may not be available to people; how they will make choices; and how advocates will be trained and prepared to serve people on the new information and the short time line(s) involved?

Based upon the special terms and conditions under the Seniors and People with Disabilities (SPD) Program, Mandatory Enrollment, the state may mandatorily enroll SPD's to receive benefits when the

plan or plans have been determined to meet readiness. There is concern about the rural areas where managed care is not offered. Under enrollment, the state shall not begin mandatory enrollment prior to obtaining contract approval from CMS,yet the timeline reflects enrollment is beginning April 2011. Can they enroll people before they have the contracts in place? With the short time line, how will the state's planned approach for advising individuals regarding health care options reach a wide spectrum of needs identified within the population? What do they know about the 85 languages in Los Angeles County, the literacy rate, and the impact upon those who are able to understand the language and exercise any choice at all? In talking with the Lanterman Coalition about these sweeping changes, the idea of area boards and the Council sponsoring informational sessions was discussed. It was suggested to invite David Maxwell-Jolly, Director, DHCS to the January meeting to discuss what they are proposing to address these concerns.

13. **RECESS**

It was moved/seconded (Dove/Bailey) and carried to recess the meeting until November 17, 2010 for a Council governance training session.

CALIFORNIA BRIDGE TO REFORM
A SECTION 1115 WAIVER
FACT SHEET
November 2010

On November 2, 2010, the federal government approved California's five-year, $10 billion "Bridge to Reform" Section 1115 waiver proposal. Through the Section 1115 waiver, California has seized this moment in the history of health care reform to advance Medi-Cal program changes that will help the state transition to the federal reforms that will take effect in January 2014. Changes under the waiver involve expanding coverage today for those who will become "newly eligible" in 2014 under health care reform, implementing models for more comprehensive and coordinated care for some of California's most vulnerable residents, and testing various strategies to strengthen and transform the state's public hospital health care delivery system to prepare for the additional numbers of people who will have access to health care once health care reform is fully implemented.

WHAT DOES THE WAIVER DO FOR CALIFORNIA?

- California will receive approximately $10 billion in federal funds to invest in our health delivery system and support the state's preparation for and transition to the requirements of federal health care reform. These investments are also designed to help slow the rate of growth in health care costs within the Medi-Cal program.
    - $3.3 billion for investments in California's public hospital safety net
    - $2.9 billion for additional coverage for low-income individuals
    - $3.9 billion for uncompensated care costs

- **Expands Coverage to More Uninsured Adults:** The waiver increases and expands health care coverage to as many as 500,000 low-income uninsured residents by taking advantage of the Coverage Expansion and Enrollment Demonstration (CEED) offered in the Patient Protection and Affordable Care Act. Eligible adults enrolled in a CEED project will be enrolled in a medical home and receive a core set of services, including inpatient and outpatient services, prescription drugs, mental health, and other medically necessary services.
    - The waiver immediately begins phasing in coverage for "newly eligible" adults 19 to 64 years of age with incomes up to 133 percent of the federal poverty level (FPL), approximately $14,400 for an individual, who are not otherwise eligible for Medicaid. This coverage will be required for all states effective

2014, and California plans to build on its current county-based coverage initiative so that in 2014 enrollees can easily move to the new federally funded program.

- The waiver offers coverage for adults with incomes between 134 and 200 percent of the FPL, which is between $14,400 and $21,600 for an individual. The state will build on its county-based coverage initiative to offer benefits to this population, who beginning in 2014 will receive coverage through the health insurance exchange.

- **Supports Uncompensated Care Costs:** The waiver expands the Safety Net Care Pool (SNCP), that is part of the state's existing waiver, to provide additional resources to support both safety net hospitals' uncompensated care costs and other critical state programs that are paid for through the SNCP.

- **Improves Care Coordination for Vulnerable Populations:**

  - The waiver authorizes mandatory enrollment of seniors and persons with disabilities into managed care to achieve care coordination, better manage chronic conditions, and improve health outcomes.
    - Phased in enrollment over a 12-month period
    - Requires provider network assessment that includes specialty care access prior to implementation
    - Requires ongoing quarterly network assessment
    - Requires health plans to conduct a health risk assessment within 45 or 105 days based upon the member's health risk
    - Requires specific consumer protections

  - Under the 1115 waiver, DHCS proposes to test up to four health care delivery models for providing organized systems of care to children with special health care needs who are eligible for the California Children's Services program. The proposed pilot models of care are:
    - Enhanced Primary Care Case Management Program
    - Provider-Based Accountable Care Organization
    - Specialty Health Care Plan
    - Medi-Cal Managed Care Health Plan

- **Promotes Public Hospital Delivery System Transformation:** The waiver implements a series of improvements to public hospital delivery systems to strengthen their infrastructure, prepare them for full implementation of reform and test strategies to slow the rate of growth in health care costs throughout the state.

  Within the SNCP, a Delivery System Reform Incentive Pool is established to support the ability of California's public hospitals efforts to enhance the quality of care and health of the patients and families they serve. The process for distribution of these funds will be developed jointly by the state, public hospital

systems, and the federal Centers for Medicare and Medicaid Services. The four areas for which funding is available under the Incentive Pool are:

1. ***Infrastructure Development*** – Investments in technology, tools and human resources that will strengthen the organization's ability to serve its population and continuously improve its services.

2. ***Innovation and Redesign*** – Investments in new and innovative models of care delivery (e.g., medical homes) that have the potential to make significant improvements in patient satisfaction, cost and disease management.

3. ***Population-Focused Improvement*** - Investments in enhancing care delivery for the five to 10 highest burden conditions based upon the impact on beneficiaries or costs.

4. ***Urgent Improvement in Care*** – Broad dissemination of top-level performance on two or three interventions where there is deep evidence that major improvement in care is possible and meaningful for almost all hospital populations, such as those served by California public hospitals.

BILLS SIGNED BY GOVERNOR SCHWARZENEGGER TO IMPLEMENT PROVISIONS OF THE WAIVER

- **Senate Bill (SB) 208 / Steinberg/Alquist**

  - Improves health care delivery systems and health care outcomes for seniors and person with disabilities and persons dually eligible for both Medicare and Medi-Cal.

  - Establishes pilot programs to unify care management for children with special health care needs currently served under Medi-Cal and the California Children's Services program.

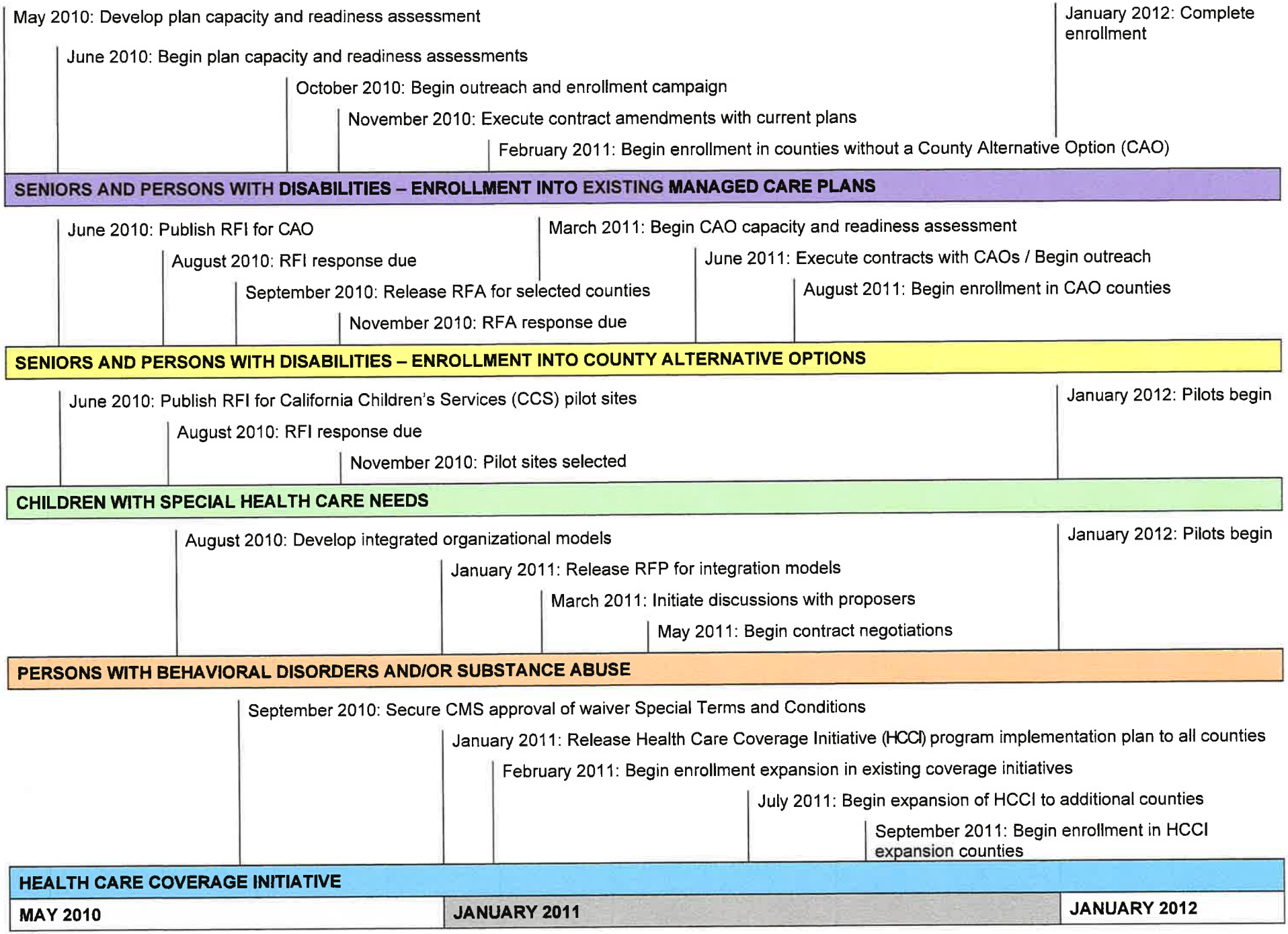
  - Provides the programmatic changes that lay the foundation for the budget neutrality justification for the state to request $10 billion in federal funds to cover the demonstration projects for five years as proposed in the waiver.

- **Assembly Bill (AB) 342 / John Pérez**

  - Authorizes Coverage Expansion and Enrollment Demonstration projects in counties to provide health care coverage for the Medicaid Expansion Coverage population of uninsured adults aged 19 to 64 with incomes from 0 to 133% of the FPL who are not otherwise eligible for Medicaid.

  - Authorizes the Health Care Coverage Initiative population of uninsured adults 19 to 64 years of age, with incomes from 134 to 200 percent of the FPL and who are not otherwise eligible for Medicare or Medi-Cal.

WAIVER IMPLEMENTATION TIMELINE



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DHCS
HealthCareServices

IMPLEMENTATION UPDATE #2 ■ DECEMBER 2010
Managed Care Enrollment for Seniors and Persons with Disabilities

KEY ACTIVITIES IN IMPLEMENTATION OF MANDATORY MANAGED CARE		
ACTIVITY	**CURRENT STATUS**	**NEXT STEPS**
1. Legislative Action	▪ SB 208 passed and signed ▪ Analysis completed	
2. Member Data Exchange with Health Plans	▪ One set of de-identified data was provided in July providing 12 months of utilization data for the Medi-Cal only SPDs. ▪ Additional provider detail related to the de-identified data was delivered to plans in November	✓ Member data to be shared with plans in March 2011.
3. Provider Network Analysis	▪ Data re: FFS providers serving Medi-Cal only SPDs shared with plans including plan-specific crosswalk reports.	✓ Plan –specific Network evaluation packets were delivered to plans on November 19 with a due date of December 20.
4. Readiness Assessment	▪ Policies and procedures under review	✓ Criteria for access being developed
5. Contract Language	▪ Draft requirements to plans on November 12	✓ Revised draft requirements to plans on December 3 ✓ See highlight for details.
6. Capitation Rates	▪ Mercer developed rates ▪ Rates were shared with plans on November 22	✓ Rates to be finalized with the plans
7. Network Adequacy Review	▪ DHCS and DMHC meeting on standards	✓ Interagency agreement under review
8. Facility Site Review	▪ Facility site review tool has been revised	✓ All-plan letter out in December
9. Risk Assessment	▪ See new language in SB 208 and waiver approval documents	✓ All-plan letter out in April ✓ Plans will submit in March
10. Provider Sensitivity Training	▪ Training being developed	✓ To be finalized by January
11. Outreach and Education	▪ Informational letters to clients have been developed and reviewed	✓ SPDs receive 90-day notice ✓ 60 days prior to enrollment choice packet will be sent out ✓ 30 days prior to enrollment an intent to default letter will be sent out

		✓ SPDs will receive two telephone calls to provide education and answer questions about the enrollment changes ✓ County presentations March – May
12. Health Plan Links for Non-Choosers	▪ Process developed with input from stakeholders	✓ Members will be linked to plans based on their highest utilized provider, based on Fee-For-Service claims data.
13. CMS Approval	▪ Approval received November 2	✓ See highlight for details
14. Performance Measures	▪ Under development	✓ Will share (conceptual) draft in December
15. Implementation Monitoring	▪ Under development	✓ Will share draft in December

ADDITIONAL UPDATES

Draft Contract Language:

On November 12, DHCS shared draft contract language with the health plans based on SB 208. Among the new draft requirements are these:

- ✓ A mechanism for SPDs to request a Primary Care Physician, including specialists as PCPs;
- ✓ Continued access to out-of-network providers for SPDs who have an ongoing relationship with a provider;
- ✓ Language allowing DHCS to set new EQRO requirements for performance measurement;
- ✓ Appropriate provider network, including primary care physicians, specialists, professional, allied, and medical supportive personnel, and an adequate number of accessible facilities within each service area.
- ✓ New terms on informing enrollees about accessible and closed locations of providers.
- ✓ New Basic Case Management requirements for primary care providers (and/or plans):
  - Initial Health Assessment (IHA) and Initial Health Education Behavioral Assessment (IHEBA);
    Identification of needs and referral to appropriate community resources and other agencies (such as medical, rehabilitation, and support services) as needed…;
  - Direct communication between the provider and member/family;
  - Patient and family education, including healthy lifestyle changes when warranted;
  - Coordination of carved out and linked services.
- ✓ New Complex Case Management Services for primary care providers (and/or plans):
  - Management of acute or chronic illness, including emotional and social support issues by a multidisciplinary case management team;
  - Intense coordination of resources to ensure member regains optimal health or improved functionality;
  - With member and PCP input, development of care plans specific to individual needs, and updating of these plans at least annually.

- ✓ Methods to identify members who may benefit from complex case management services, such as: prospective data (UM, MET), retrospective data (claims or encounter data, UM, hospital discharge data), as well as self and physician referrals.
- ✓ Services for Persons with Developmental Disabilities: requirement for dedicated regional center liaison.
- ✓ Health risk assessment for SPDs: includes requirements for a health risk stratification mechanism or algorithm to identify SPDs with higher risk and more complex health care needs; to consult with stakeholders and consumers; approval is by DHCS.
- ✓ Definition of medical home added to contract.
- ✓ Allows DHCS to restrict enrollment of SPD beneficiaries if DHCS determines that contractor does not have sufficient primary or specialty providers to meet the needs of SPD beneficiaries.

CMS Waiver Approval

CMS issued the approval of the 1115 waiver on November 2, 2010, along with Special Terms and Conditions (STC). Among the STCs are these specific to the mandatory enrollment of SPDs:

- ✓ SPD Specific Progress Reports. Quarterly, to include:
  - o Progress in completing enrollments and completing steps outlined in the Quality Assurance and Quality Improvement Plan (encounter data and performance measures);
  - o An aggregation and analysis of encounter data for SPD population;
  - o A discussion of trends or issues identified through the review of such analysis;
  - o A discussion of events occurring during the quarter (including enrollment numbers, lessons learned, and a summary of expenditures);
  - o Aggregated information on all measures utilized to assess the plan performance and outcomes for seniors and persons with disabilities;
  - o Notable accomplishments and areas for improvement, including findings from Quality Assurance and Quality Improvement Plan, participant survey and evaluation activities, and review of plan grievance process results and State Fair hearing information;
  - o Reports on ongoing data collection and analysis of required measurement elements, including HEDIS and other measurement; and
  - o Problems/issues that were identified, steps taken to correct them, how they were solved, and if any progress has occurred in the resolution of the issue.

- ✓ Plan Readiness and Contracts:
  - o Network adequacy plan/methodology and plan to address insufficient networks;
  - o Contract amendments;
  - o Monitoring plan;
  - o Submissions for readiness assessment to include the following:
    - Care coordination;
    - Standard assessments, including health risk assessments and screening using claims;
    - Continuity of care;
    - Person-centered planning and service design;
    - Specialty access sufficient for needs of the population;
    - Geographic accessibility;
    - Physical accessibility;
    - Interpreter services/information technology;

- Specialized transportation;
- Fiscal solvency;
- Actuarially sound capitation rates;
- Transparency of clinical and administrative decision-making, including use of stakeholder advisory committees;
- Timeliness of appointments with providers; and
- Access to non-network providers.

o Additional contract requirements include:
- Including SPDs in quality improvement and advisory committees;
- Transition services for appropriate discharge to home/community settings.

FEEDBACK? Please e-mail suggestions, questions, etc. to Alice Lind (alind@chcs.org) at the Center for Health Care Strategies.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

NOV 0 2 2010

Ms. S. Kimberly Belshe
Secretary
California Health and Human Services Agency
1600 Ninth Street
Sacramento, CA 95814

Dear Ms. Belshe:

We are pleased to inform you that your June 3, 2010, request for approval regarding the California section 1115 Medicaid Demonstration, entitled "California's Bridge to Reform" (Waiver 11-W-00193/9), under the authority of section 1115(a) of the Social Security Act (the Act), has been granted for the period November 1, 2010, through October 31, 2015, unless otherwise specified.

This Demonstration will continue and strengthen coverage available through county initiatives, increase and create new initiatives to improve quality and build capacity among safety net providers, support the State's efforts to enroll seniors and people with disabilities into coordinated care systems with strong beneficiary safeguards, and support certain heath-related programs.

The Special Terms and Conditions (STCs) have been developed and include provisions that:

- Allow the State to continue and strengthen coverage available in some counties under the previous Demonstration for adults ages 19 to 64 with incomes at or below133 percent of the Federal poverty level, and potentially expand coverage, over time, to additional counties, subject to available county funding. The provisions also require participating counties to reduce cost-sharing and strengthen services, such as primary care, preventive, inpatient, mental health and prescription coverage. This county-based coverage is a bridge to the more significant coverage improvements that are effective in 2014 and, as such, the State and counties shall seamlessly transition enrollees to the appropriate coverage options in January 2014.
- Permit the State to mandatorily enroll Seniors and People with Disabilities (SPDs) into managed care plans for primary and acute care services; and include numerous safeguards and protections to ensure SPD-specific network readiness and access to quality care. Specifically, the STCs include requirements for information and communication strategies that address the unique needs of SPDs, approaches to assignment and opportunities for changes in managed care plans, participant rights, safeguards and contractual provisions regarding care coordination and linkages to other service delivery systems, person-centered approaches to service planning and delivery, physical and geographic accessibility of service providers.

- Direct savings from the Demonstration to increase the Safety Net Care Pool (SNCP) budget from $7.66 billion in total spending to $15.33 billion over 5 years to ensure support for the provision of health care by county hospitals, clinics, and other providers. As part of this approval, the State has been granted expenditure authority to establish new infrastructure investment payments and an incentive payment pool for public hospitals through a new funding entity within the SNCP, called the Delivery System Reform Incentive Pool. Approximately $6.6 billion of the new $8 billion in proposed Federal spending is for these investment/incentive pool payments. The balance of the $8 billion covers new uncompensated care payments and Federal investments in certain State-funded programs.
- Establish the Delivery System Reform Incentive Pool which will provide support for California's public hospitals' efforts to meaningfully enhance the quality of care consistent with the three aims of ensuring better care, improving health, and reducing costs. The four areas that funding is available under the Incentive Pool include: infrastructure development; innovation and redesign; population focused improvement; and urgent improvement in care.
- Describe the extent of Federal financial participation (FFP) in six State-funded programs and authorizes FFP in an additional three funded programs for people with developmental disabilities, and programs that promote workforce development in medically underserved areas.

The Department of Health and Human Services' approval of the Demonstration, including the waivers and the costs not otherwise matchable authority that are described in the enclosed list, are conditioned on the State's acceptance of the STCs within the proceeding 30 days from the date of this approval. The STCs will be effective November 1, 2010, unless otherwise specified. All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived or identified as not applicable in this list, shall apply to the Demonstration.

Your project officer is Mr. Steven Rubio. He is available to answer any questions concerning your section 1115 Demonstration. Mr. Rubio's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid, CHIP and Survey & Certification
7500 Security Boulevard
Mailstop S2-01-06
Baltimore, MD 21244-1850
Telephone: (410) 786-1782
Facsimile: (410) 786-8534
E-mail: steven.rubio@cms.hhs.gov

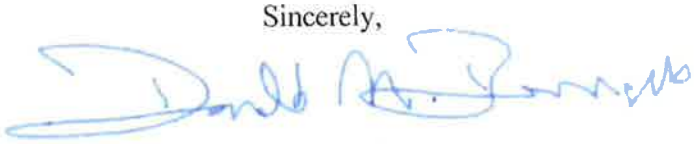
Official communications regarding program matters should be sent simultaneously to Mr. Rubio and to Ms. Gloria Nagle, Associate Regional Administrator for the Division of Medicaid and Children's Health in our San Francisco Regional Office. Ms. Nagle's contact information is as follows:

Ms. Gloria Nagle
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103 -6706

If you have questions regarding this approval, please contact Ms Victoria A. Wachino, Director, Family and Children's Health Programs Group, Center for Medicaid, CHIP and Survey & Certification, at (410) 786-5647.

Congratulations on the approval of this section 1115 Demonstration.

Sincerely,



Donald M. Berwick, M.D.
Administrator

Enclosures

cc:
Cindy Mann, Director, CMCS
Victoria A. Wachino, CMCS
Gloria Nagle, Associate Regional Administrator, Region IX
Steven Rubio, CMCS

Summary of DHCS Informational Meeting on Dual Eligibles

December 8, 2010

Presenting: Paul Miller, Department of Health Care Services, and
Alice Lind, Center for Health Care Strategies

Paul Miller: Background information

DHCS originally intended to include a program for people who are eligible for both Medicare and Medi-Cal ("dual eligibles") in the 1115 waiver. However, the dual eligible population was retracted from the waiver by CMS' request, which has allowed DHCS to pursue this project in a different fashion. A new opportunity has emerged, through CMS' Office of the Duals and the Center for Medicare and Medicaid Innovation (CMMI). CMMI has a solicitation opportunity, just published (see addendum, "Updates since December 8 meeting"), through which states can bid for planning/design contracts of up to one million dollars. Up to 15 states will be awarded contracts.

Alice Lind from the Center for Health Care Strategies (CHCS) was introduced. She , along with other CHCS staff are providing assistance to DHCS through funding from The SCAN Foundation. CHCS will support the development of the duals pilot framework as well as provide technical assistance to DHCS in its response to the CMMI contract opportunity. This summer, The SCAN Foundation supported several meetings with stakeholders, including a series of technical workgroup meetings on the design of pilots for dual eligibles. Currently, a Technical Advisory Panel of 13 – 14 people is providing input to the state. At DHCS' waiver website, there is a handout (see page 5, and also found at DHCS waiver website for dual eligible information: http://www.dhcs.ca.gov/provgovpart/Pages/TechnicalWorkgroupDE.aspx)

SB 208 provided authority for DHCS to design pilots for duals. The language states that, no sooner than March 2011, the state must identify models to be included in a pilot project and to begin to develop those pilots. The Director is authorized to enter into contracts to implement the pilots. (See description beginning page 11).

Prior to the CMMI opportunity (described in Addendum), DHCS was going to take the next few months to revise and publish the duals pilot framework, and then proceed to identify counties in which to implement pilots and issue procurement documents. Because of the contract opportunity, there is a less than two-month window to develop a more detailed pilot description. DHCS will ensure stakeholder involvement through the following activities:

- A draft proposal to CMS will be shared with stakeholders;
- DHCS will hold a webinar meeting to allow stakeholder comment in January;
- The draft will be revised and published for input prior to submission to CMS;
- A Request for Information will be developed in 2011 allowing additional opportunity for input.

DHCS has an opportunity to provide an integrated program of medical and home- and community-based services (HCBS) through amending its 1115 waiver. This would go on a separate track and provide DHCS experience with rate development for HCBS. With nearly 1.2 million dually eligible individuals in CA, this is a great opportunity to provide better care and bend the cost curve.

Alice gave an update based on CHCS' work with other states working on integrated care for duals. First, CMS created the "Office of the Duals" that is focusing on several priority activities:

- Program alignment across Medicare and Medicaid, especially focused on health plans, such as Special Needs Plans. These plans are tied to two separate sets of rules and regulations. CMS is looking for suggestions of how to streamline program requirements.
- Data on duals for states, health plans, and advocates. CMS is working on analytics and making matchable or blended data sets available to states.
- A CMMI-solicited request for proposals for state demonstration design contracts for integrated care for dual eligibles. Funding for the design of programs will be available through contracts to states via a competitive process. California is ahead of many states because of the stakeholder meetings this summer. The deliverable for this contract is that the state will have a fully fleshed out demonstration proposal. CMS' intention is that when the year of planning is over, and no later than December 2012, states will implement integrated programs.

CMS is looking for integration programs that will create a "seamless journey of care" for beneficiaries that encompass primary and acute medical care, long-term services and supports, and behavioral health services. Specifically, they want to use this demonstration for new program options, e.g., to allow blended funding for Medicare and Medicaid. The ideal program will provide a seamless continuum of services and allow recipients of funds to use them in a much more flexible way. CMS is also interested in rapid cycle evaluation to send program information back to the entire nation.

Through CHCS, other states, and stakeholders, we know certain elements are essential for any program for duals:

- ▶ Comprehensive assessment and person-centered care planning;
- ▶ Multidisciplinary care team and broad provider network;
- ▶ Involvement of the family caregiver when appropriate;
- ▶ Strong home- and community-based service options, including personal care services; and
- ▶ Honoring of member choice and member rights.

Paul referred to the timeline in the handout. It should be considered draft, and has changed already, based on the requirement to implement a program in 2012. Send comments and questions to Paul.miller@dhcs.ca.gov

Questions and comments from the audience (in person and on phone):

- Are geographic managed care plans excluded?
  - Response: No
- Comment from a dual eligible. "Currently, I see my doctor through FFS Medicare and Medicaid. Medicare pays the bill and Medi-Cal hardly pays anything. What will this program do for me?" The speaker said he does not want to be subordinate to someone in managed care telling him what services he can use.
  - Response: Ideally, you will have someone looking out for you through care management, you will have more choices and options.
- Dual eligible person who lives in a small town where they don't have any doctors: what will the impact be to their access to care? She does not want to change the geographical area where she receives services.
  - Response: DHCS hopes that through the pilots they will have a better idea of how it will impact rural areas – but they probably won't start there.
- Medi-Cal eligibles fall on and off the program – unless DHCS establishes continuous eligibility, people will fall on and off the pilot program.
- Does SB 208 provide adequate authority for these pilots?
  - Response: Yes, and the federal project will provide CA the opportunity to have more resources to plan the CA project in 4 locations.
- CA Hospital Association: questioned whether SB 208 allows mandatory transition of duals into managed care.
  - Response: Read section from SB 208 on enrollment. It states enrollment is mandatory for Medi-Cal and the member can choose FFS Medicare. DHCS needs to clarify what CMS will allow re: mandatory/opt-out enrollment for Medicare.
- Speaker stated that he has seen a statistic that 45% of duals are on anti-psychotic medications. They get SSI and Medi-Cal and then two years later they become Medicare. Parity for behavioral health payments should be required. He is concerned that Medicare may not pay for the type of behavioral services that people need, and has not seen anything in writing about this.
  - Response: It is envisioned through global funding that all services would be covered through the "payer pot." Appreciate comments and we will follow up on this population.
- More conversation about how voluntary Medicare enrollment would work. Do you anticipate any change that would remove that restriction as a pilot for everyone? How could you determine savings if the population is so unstable?
  - Response: There is some confusion around options for enrollment. A few states were able to grandfather in the duals as enrollees into integrated programs when SNPs were created. Auto-enrollment into Medicaid programs (with opt-out to FFS a possibility) is considered voluntary by states. But states should over-communicate to make sure that people know what is going on. Almost anything that we think is a rigid rule is now up for consideration. This will evolve quickly over the next few months. It is helpful to have stakeholder input at this time. Under ACA, the CMMI has the authority to waive rules for the demos.

- How will the state outreach to people who are not duals yet to show that the program worked? The speaker heard that the PACE program is being cut.
    - Response: PACE programs will continue. People will still be able to enroll in PACE and not the pilot. The pilot project will be in up to 4 counties; if the pilot is in a COHS county, the county will enroll people. The money will be comingled so that it is a pot of money paying for services to ensure better health outcomes.
- Comment from the Medical Association: concerned about effect on the federal incentive funding for electronic health record implementation. $44,000 per physician is the maximum incentive, and that is only based on Medicare part B charges. Moving people to Medicare Part C will cause physicians to lose federal incentive funding for providers and possibly even hospitals.
    - Response: Thanks for alerting DHCS to possible unintended consequences.
- A speaker asked about clients who are dual eligibles, and are eligible for Medi-Cal because of the monthly premium they pay to their Medicare plan. Concern that mandatory enrollment would kick them off of Medi-Cal enrollment.
    - Response: DHCS needs to check out this possibility.
- A speaker asked whether CMS Medicare data would be matched with Medicaid data, or whether the state will need to link the data sets. Question about availability of Medicare or blended data. Will this information be available for COHS that are possibly interested in this population?
    - Response: whether CMS will give states blended data or how it will be provided is not clear. To the extent that the data can be synthesized and provided to plans, and to the extent HIPPA allows, it would be very helpful for stratifying and understanding population. (DHCS will follow up.)
- Comment on access to rehab services: Under fee-for-service Medicare, rehab services are good. Medi-Cal doesn't have a good rehab benefit. The level of reimbursement and services provided are limited. Ideally, rehab includes making sure that the caregiver gets the training needed to help the patient stay in the community.
    - DHCS thanked the speaker for the comment.

Paul concluded the meeting with an offer to stay afterwards if there are other questions, and a reminder that there will be a future meeting in January.

Save the date! DHCS Webinar on Dual Eligible Pilots

January 12, 1:00 p.m. – 2:30 p.m.

Details for how to register will be sent in January and posted to DHCS waiver website.

DRAFT Handout for December 8 Meeting

California's Waiver Pilot Programs for Duals:

Better Coordination, Integration and Outcomes

Pilot Background
As part of California's effort to provide organized systems of care for vulnerable populations, the Department of Health Care Services (DHCS) will identify pilot projects to test integration of Medicare and Medicaid services including long-term services and supports (LTSS) for dual eligible beneficiaries in up to four counties. This is a first step toward California's goal of providing better coordination and integration of services for all 1.1 million Duals in California.

Accompanying Legislation
Senate Bill (SB) 208 added Section 14132.275 to the Welfare and Institutions Code. This section, in part, requires DHCS, not sooner than March 1, 2011, to:

- Identify health care models that may be included in a pilot project
- Develop a timeline and process for selecting, financing, monitoring, and evaluating these pilot projects
- Provide this timeline and process to the appropriate fiscal and policy committees of the Legislature.

Section 14132.275 also allows the Director to enter into exclusive or nonexclusive contracts on a bid or negotiated basis, and allows the pilots to be implemented in phases.

Strategic Fit
This project aligns itself directly with the Department's Strategic Plan goals and objectives, as follows:

Goal #1 – Organize Care to Promote Improved Health Outcomes
- Objective B – Provide care in settings that promote community integration
- Objective E – Increase care management for those with the highest health burdens and costs

Goal #2 -- Promote Comprehensive Health Coverage
- Objective A – Enroll eligible individuals
- Objective B – Retain eligible persons in health coverage

Goal #3 – Measure Health System Performance and Reward Improved Outcomes

- Objective A – Measure health outcomes and provide information to providers, individuals and the public

Goal #4 – Increase Accountability and Fiscal Integrity

- Objective A -- Establish and monitor performance metrics for DHCS
- Objective C – Improve relationships with business partners, stakeholder groups and policymakers
- Objective E – Act in accordance with State and federal statutes and regulations
- Objective F – Identify and secure federal policy and rule changes that support DHCS programs

Goal #5 – Ensure Viability and Availability of Safety Net Services

- Objective A – Identify mechanisms to maximize federal reimbursement for safety net services
- Objective B – Maintain availability of and access to safety net services

Pilot Goals, Areas, and Enrollment

Pilot Goals – The Dual pilots will coordinate Medi-Cal and Medicare benefits across care settings and maximize the ability of duals to remain in their homes and communities with appropriate services and supports in lieu of institutional care. The goals include mitigating or eliminating cost-shifting between the Medicare and Medicaid programs.

Areas of Operation – State legislation allows pilots to operate in up to four counties through Medi-Cal managed care plans. The pilots will include at least one Two Plan county and one County Organized Health System county.

Pilot Selection Criteria -- When selecting the pilots, DHCS will review evidence of local support for integration and local stakeholder involvement in pilot development, implementation, and operation. The county/other contracted entity must also demonstrate readiness to integrate additional services. Readiness criteria will be developed with stakeholder input.

Current Counties Showing Interest –Through an upcoming Request for Information (RFI) process, DHCS will be able to better gauge the interest of other counties. The RFI will seek information about the interested parties' experience with managing LTSS, their existing network, consumer protections in place, and methods of assessment for LTSS-related needs and strengths.

Beneficiary Enrollment – Duals in the selected counties will be enrolled into the new pilot based on the participating plan's capacity to serve new enrollees. Ideally, and subject to potential contractors' interest and CMS authority, , beneficiaries will be passively enrolled in the pilot to ensure the best integration of care. If they choose, a

beneficiary can opt-out of receiving their Medicare benefits through the pilot, in which case they will receive benefits through Medicare fee-for-service (FFS).

Relationship to PACE* - Per SB 208, Persons meeting requirements for Program of All-Inclusive Care for the Elderly (PACE) pursuant to Chapter 8.75 (commencing with Section 14590), may select a PACE plan if one is available in that county. Additionally, DHCS may encourage potential contractors to collaborate with local PACE sites.

*Program of All-inclusive Care for the Elderly – PACE is a comprehensive model of care that integrates Medicare and Medi-Cal financing to provide all needed preventive, primary, acute and long-term care services for older adults who are determined by DHCS as eligible for nursing home level of care. PACE began in California as a waiver demonstration project in 1980s and was established as a permanent Medicare provider and a voluntary state option under Medicaid as part of the Balanced Budget Act of 1997 (BBA). Five PACE programs currently exist in California serving a largely a dual-eligible population. In counties implementing pilot projects, individuals meeting the eligibility requirements for PACE will have the option of selecting PACE in counties where PACE is available.

Beneficiary Protections

The purpose of these pilots is to improve Duals' experience and outcomes. To further that goal, the pilots will maintain existing consumer protections available through managed care, and will additionally adopt performance standards that are at least as rigorous as those specified in the Seniors and Persons with Disabilities (SPD) section of the 1115 Waiver Proposal, including:

- Medical home – Duals will have an established, assigned medical home either through a physician or clinic.
- Access – The pilots will ensure access to provider networks, information, and physical accessibility of provider locations.
- Transition – A carefully phased-in transition will include outreach and education, and access to existing providers.
- Care coordination – Integration will include early assessment of health care needs, cultural competency training, and coordination of behavioral health and other services.
- Expanded monitoring – Performance measures, audit efforts, and complaint and grievance procedures will be expanded to drive continuous quality improvement.

Pilot Framework

A pilot framework document will lay out the broad operating structure, financing, services, standards and consumer protections that would govern the selection and operation of the various pilot programs. This document will be the baseline that the Director will use to select pilot programs. The stakeholder workgroup will provide input on the development of this document with the goal of maximizing program quality and

cost effectiveness. CHCS will develop this framework and provide research about appropriate framework components based on best-practices from other state programs and federal government input.

Pilot Evaluation Development

Evaluation development should begin immediately and should include both a contracted technical expert in Dual integration strategies, such as CHCS, as well as a group that has experience in operating such evaluations, such as UCLA. These two expert perspectives, in conjunction with input from the stakeholder workgroup, will create an expertly tailored evaluation framework. It is critical to design the evaluation, with input from an evaluation operator, concurrent with program development to design a program that can be properly evaluated. Evaluation development work could be separated from the operation of the evaluation, so that an evaluation expert could be contracted initially to just participate in the development of the framework. At a later date, a group can be selected to operate the actual evaluation. It will also be necessary to track and evaluate outcomes for the Dual population that remains in Medicare Fee-for-Service (FFS) to determine methods to integrate care for this population.

Report to the Legislature

DHCS will provide a report to the Legislature after the first full year of pilot operation, and annually thereafter.

Integrated Long-Term Care Services

A primary goal of the pilots is to integrate new plan responsibility and capitation payment for LTSS, so that Medicare Special Needs Plans (SNPs) can coordinate and integrate a set of Medi-Cal services that are currently provided outside the plan's responsibility. Better coordination and integration should improve the beneficiary's experience and outcomes as compared to a FFS or non-integrated system.

There may be some variation in the newly-integrated/capitated services depending on the readiness of the individual pilot areas and plans. The following will be considered for integration into the plan's responsibilities:

1. Institutional Long Term Care;
2. 1915(c) Home and Community-Based Services, including the Multipurpose Senior Services Program, Assisted Living Waiver Pilot Program, and the Nursing Facility/Acute Hospital Waiver;
3. Personal care services and adult day health care;
4. Paramedical and nursing services, and physical, speech, and occupational therapies; and
5. Home modification and meals.

The inclusion of Specialty Mental Health Waiver or Developmentally Disabled Waiver services in the pilots will be determined through discussion with CMS and stakeholders.

Financing Arrangements

Depending on the opportunities afforded by CMS, California may act as the administrator of the Medicare benefit, or may pursue savings-sharing with Medicare. Financial integration of Medicare and Medi-Cal services will allow funds to be spent on needed services as determined by the health plans.

Other Possible Projects

Through preliminary discussions, both CalOptima and Health Plan of San Mateo have strongly expressed an interest in providing a full range of home and community-based long-term care services to the Medi-Cal only and duals population. This project may proceed on a separate timeline and with separate procurement efforts.

Current Efforts and Next Steps

Capitation Rate Development

DHCS is currently engaged in preliminary discussions with Mercer to explore developing rate methodologies for monthly capitation rates. Ideally, Medicare and Medi-Cal funds would be blended into a single capitation rate.

UPDATED DRAFT TIMELINE	
Calendar Year 2010	
Timeframe	**Activity/Deliverables**
October - December	Form Technical Advisory Panel; Develop Draft Framework of Duals Integration Pilots; Hold introductory meeting with stakeholders.
Calendar Year 2011	
Timeframe	**Activity/Deliverables**
January - February	Gather input from stakeholders. Develop and submit response to contract opportunity through Center for Medicare and Medicaid Innovation.
March - April	Draft Request for Information (RFI) soliciting interest from counties.
May - June	Revise duals RFI based on stakeholder input; Revise framework based on stakeholder input; Incorporate draft evaluation plan into framework document.
August - September	Release RFI; Provide opportunity for stakeholder input.
October - December	Draft Request for Proposals. Develop a timeline and process for selecting, financing, monitoring and evaluating pilots. Identify health care models and provide a timeline and process to fiscal and policy committees of the Legislature.
Calendar Year 2012 (TBD with CMS input)	
Timeframe	**Activity/Deliverables**
January 15	Interested counties/other bidders submit proposals to DHCS
January 15-March 31	Evaluate RFP submissions
March 31	Director announces pilot counties
April 1 – December 31	Work closely with Mercer, selected pilots, CMS and others to finalize pilot development.
During 2012	Begin operating pilots (Revised post meeting)

ADDENDUM: REQUEST FOR PROPOSALS EXCERPTS

From CMMI Opportunity to Contract for Duals Integration, accessed at following link: https://www.fbo.gov/index?s=opportunity&mode=form&tab=core&id=7ffe8a7ccbd80dffeccfbb55d7ae7d62&_cview=0.

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B.1 DESCRIPTION OF SERVICES

State Demonstrations to Integrate Care for Dual Eligible Individuals

B.4 Implementation PHASE

States receiving a contract for program design are not guaranteed to move into the implementation phase of the contract. It is the intent of CMS to structure the implementation phase as an optional follow-on to the design phase of this contract. The CMS shall make a determination as to which states will move forward with the implementation option at the end of the eighteen (18) months of the design phase of the contract. Pending availability of funding, states selected to move into the implementation phase may be eligible to receive funds to support development of state infrastructure/implementation. **At such time the successful states will be requested to submit their proposed costs to prepare state infrastructure for conducting implementation of the model design demonstration.** These development and infrastructure cost may include systems change costs at the state-level for testing a new payment approach, development of a more efficient data exchange feed for real–time tracking of claims, and additional resources that may be required to ensure successful implementation of the state model demonstration.

SECTION C - DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1 STATEMENT OF WORK

Background

Created by the Affordable Care Act, the Center for Medicare and Medicaid Innovation (Innovation Center) aims to explore innovations in health care delivery and payment that will enhance the quality of care for Medicare and Medicaid beneficiaries, improve the health of the population, and lower costs through improvement. There is perhaps no better opportunity to test innovative service delivery and payment models than for individuals who are eligible for both Medicare and Medicaid (the "dual eligibles"). Dual eligibles account for 16 to 18 percent of enrollees in Medicare and Medicaid, but roughly 25 to 45 percent of spending in these programs respectively. With the vast majority of these nine million individuals still receiving care through fragmented care at an estimated cost of over $300 billion in state and federal spending, improving care for this population is ripe for innovation.

Purpose

The Innovation Center is fostering interaction with a diverse group of stakeholders, including hospitals, doctors, consumers, payers, states, employers, advocates, relevant federal agencies and others to obtain direct input and build partnerships for its upcoming work. Given the partnership that exists between federal and state governments with respect to dual eligible individuals, the Centers for Medicare and Medicaid Services (CMS), through the Innovation Center, will provide

funding for states to support the design of innovative service delivery and payment models that integrate care for this population. CMS is interested in identifying, supporting, and evaluating person-centered models that integrate the full range of acute, behavioral health, and long-term supports and services for dual eligible individuals.[1]

Under this solicitation CMS may award up to 15 (fifteen) contracts for up to $1 million each to support the design of state demonstration models. The primary deliverable of the initial design period is a demonstration proposal that describes how the State would structure, implement, and evaluate an intervention aimed at improving the quality, coordination, and cost-effectiveness of care for dual eligible individuals. Only states that receive the initial contract award may be eligible for receipt of the implementation phase of this contract, pending the approval of the States' demonstration design and the availability of funds. Technical assistance and related tools will be provided by the Federal Coordinated Health Care Office (FCHCO), created by Section 2602 of the Affordable Care Act, to support both the design and implementation efforts. It should be noted that receipt of an initial design contract does not guarantee that those States will be eligible to move into the implementation phase of this contract. Under this solicitation, CMS shall not be obligated for reimbursement of any design costs beyond the Fixed-Price design contract amount.

Deliverables
Over the course of the contract, the following deliverables will be required:

- **Monthly Conference Calls.** States shall participate in monthly conference calls with the CMS project officer and other CMS staff. These calls shall be used as a mechanism for discussing and managing administrative and project issues as they arise.

- **Progress Reports.** States will be responsible for submitting interim and final progress reports that document the development process and lessons learned as part of the design contract.

- **Innovation Demonstration Model.** The main deliverable of the design contract will be a demonstration proposal that describes how the state would structure, implement, and evaluate an integrated delivery system and payment model aimed at improving the quality, coordination, and cost-effectiveness of care for dual eligibles. CMS will provide states with the exact requirements in the Demonstration Proposal Instructions at the time of contract award; however, the demonstration proposal will be expected to contain at a minimum:

    - Explanation of how the proposed demonstration will achieve the overall goals of better health, better care, and lower costs through improvement.

[1] Potential models could include those that enhance existing integration vehicles such as the Program for All-Inclusive Care for the Elderly (PACE) and Medicare Advantage Special Needs Plans (SNPs) as well as those that test new/emerging models such as health homes or accountable care organizations (ACOs).

- Problem statement describing how or why changes to current policy would lead to improvements in access, quality, and reductions in Medicare and Medicaid expenditures over time.

- Discussion of how the proposed model will improve the actual care experience and lives of eligible beneficiaries, including findings from any beneficiary focus groups the state conducted to inform its proposed design.

- Detailed description of the dual eligible population, including key subpopulations (e.g., individuals with nursing facility level of care, serious mental illness, Alzheimer's/dementia, multi-morbidities, etc.); utilization patterns; service settings; costs; etc.

- Description of proposed delivery system/programmatic elements, including: benefit design; geographic service area; enrollment method; and provider network/capacity.

- Description of plans to expand to other populations and/or service areas if the model is focused on a subset of dual eligibles or is less than statewide.

- Description of proposed payment reform, including payment type (e.g., full-risk capitation, partial cap, administrative PMPM); methodology for blending Medicaid and Medicare funding; financial incentives; risk sharing arrangements; etc.

- Discussion of the expected impact of the proposed demonstration on Medicare and Medicaid costs, including specific mention of any effect on cost-shifting occurring today between the two programs.

- Description of state infrastructure/capacity to implement and monitor the demonstration proposal.

- Identification of key performance metrics, including how these data will be used to continuously improve access, quality, satisfaction, and efficiency as well as how they will fit within existing Medicaid and Medicare performance and quality measures.

- Plan for engaging internal and external stakeholders, including a process for gathering and incorporating feedback on an ongoing basis.

- If applicable, description of how the proposed model fits with: (a) current Medicaid waivers and/or state plan services available to this population; (b) existing managed long term care programs; (c) existing integrated programs via Medicare Advantage Special Need Plans (SNPs) or PACE programs; and (d) other health reform efforts underway in the state (e.g., accountable care organizations, bundled payments, multi-payer initiatives, etc.).

- Discussion of the scalability of the proposed model and its replicability in other settings/states.

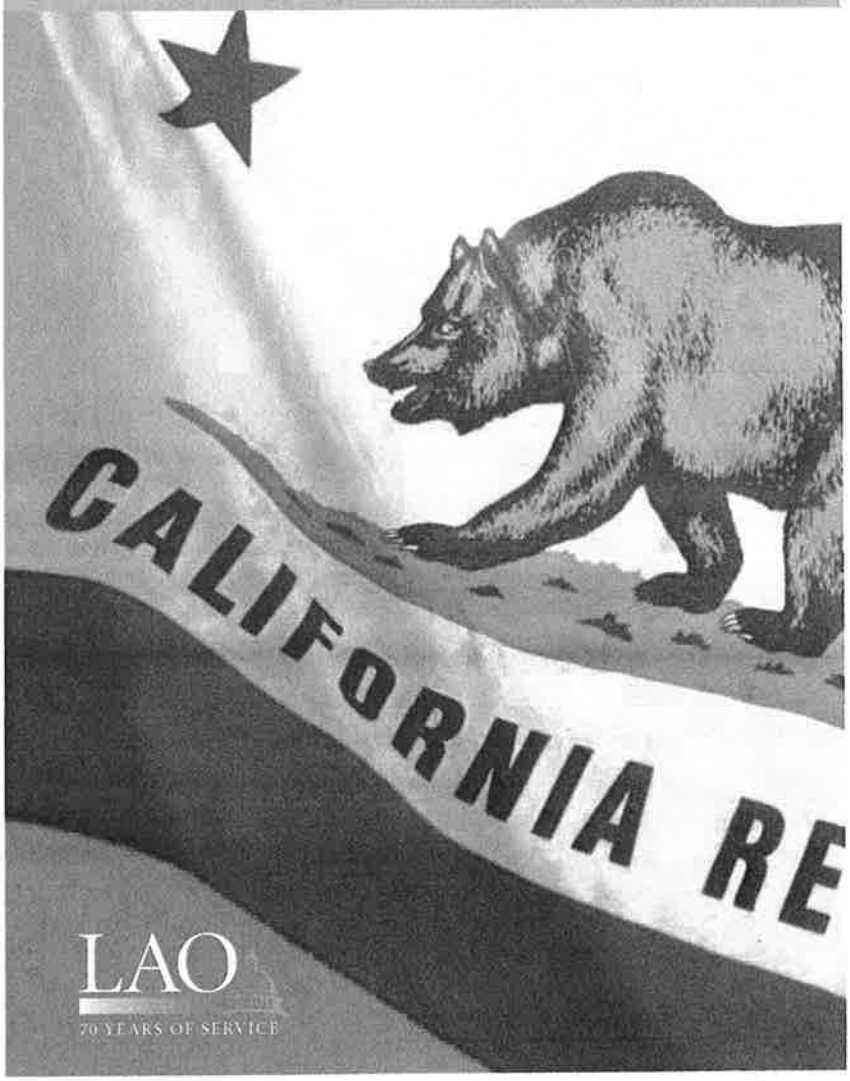
- Description of proposed evaluation design, including key metrics that could be used to examine the model's quality and cost outcomes for the target population, beneficiary experience, access to care, etc.

- Description of the overall implementation strategy and anticipated timeline, including: a) the activities associated with building the infrastructure necessary to implement proposed demonstration (e.g., staffing needs, actuarial support, etc); and b) any funds needed to support the development of such infrastructure (e.g., systems change costs at the state-level for testing a new payment approach, development of a more efficient data exchange feed for near real-time tracking of claims, etc.).

Selected Pages

CAL FACTS

MAC TAYLOR • LEGISLATIVE ANALYST • JANUARY 2011



California's Governments Rely On a Variety of Taxes

State Taxes	Base Rate	Comments/ Description
Personal Income Tax	Marginal rates of 1% to 9.3% Additional 1% surcharge on high incomes (7% AMT[a])	In 2009 and 2010, each marginal base rate is increased by 0.25% (taking the top rate, for example, to 9.55%). Married couples with gross incomes of $29,508 or less need not file. The top rate applies to married couples' taxable income in excess of $93,532. The surcharge is placed on taxable incomes of $1 million or more.
Sales and Use Tax	7.25%[b]	Applies to final purchase price of tangible items, except for food and certain other items. In addition to the base rate, an additional 1% rate for the state General Fund is in effect until June 30, 2011.
Corporation Tax		
General Corporations	8.84%[c] (6.65% AMT)	Applies to net income earned by corporations doing business in California.
Financial Corporations	10.84% (6.65% AMT plus adjustment)	For financial corporations, a portion of the tax is in lieu of certain local taxes.
Excise Taxes		
Vehicle Fuel	35.3¢/gallon of gasoline or 18¢/gallon of diesel fuel	Effective November 3, 2011, these taxes may be changed as a result of the passage of Proposition 26 (2010). Effective July 1, 2011, the diesel fuel tax will be 13.6¢/gallon.

State Taxes	Base Rate	Comments/ Description
Wine and beer	20¢/gallon	
Sparkling wine	30¢/gallon	
Spirits (100 proof or less)	$3.30/gallon	
Cigarettes	87¢/pack	
Insurance Premium Tax	2.35%	Insurers are subject to the gross premiums tax in lieu of all other taxes except property taxes and vehicle license fees.
Property Tax	1% (plus any rate necessary to cover voter-approved debt)	Tax is levied on assessed value (usually based on purchase price plus the value of improvements and a maximum annual inflation factor of 2%) of most real estate and various personal and business property. Revenues are allocated to local governments and school districts within the county.
Vehicle License Fee	0.65%[d]	Tax is applied to depreciated purchase price. It is collected by the state and distributed to cities and counties. In addition to the base rate, an additional 0.5% rate (for a total of 1.15%) is levied to benefit the General Fund through June 30, 2011.

[a] Alternative minimum tax.

[b] State and local combined. Includes rates levied for state-local program realignment, local public safety, and repayment of deficit-financing bonds. Excludes local optional rates, which average 0.85 percent.

[c] A 1.5 percent rate is levied on net income of Subchapter S corporations.

[d] The state shifted additional property tax revenues to cities and counties beginning in 2004-05 to compensate for the vehicle license fee rate reduction from 2 percent.

Ballot Measures Have Had Major State-Local Fiscal Implications

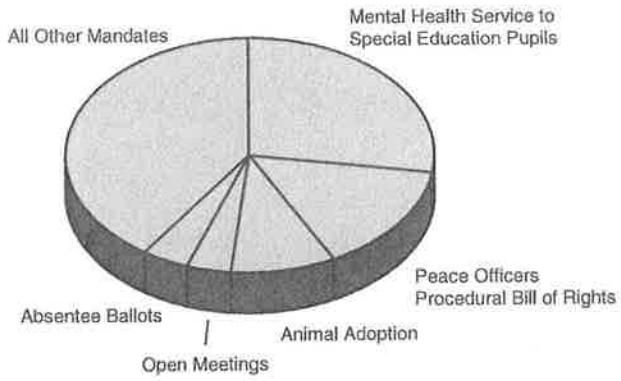
Measure/Election	Major Provisions
Proposition 13/ June 1978	• Limits general property tax rates to 1 percent, and limits increases in assessed value after a property is bought or constructed. • Makes Legislature responsible for dividing property tax among local entities. • Requires two-thirds vote for Legislature to increase taxes, and two-thirds voter approval of new local special taxes.
Proposition 4/ November 1979	• Limits spending by the state and local entities to prior-year amount, adjusted for population growth and per capita personal income growth. • Requires state to reimburse locals for mandated costs.
Proposition 62/ November 1986	• Requires approval of new local general taxes by two-thirds of the governing body and a majority of local voters (excludes charter cities).
Proposition 98/ November 1988	• Establishes minimum state funding guarantee for K-12 schools and community colleges.
Proposition 99/ November 1988	• Imposes a 25 cent per pack surtax on cigarettes and a comparable surtax on other tobacco products, and limits use of surtax revenue, primarily to augment health-related programs.
Proposition 162/ November 1992	• Limits the Legislature's authority over CalPERS and other public retirement systems, including their administrative costs and actuarial assumptions.
Proposition 172/ November 1993	• Imposes half-cent sales tax and dedicates the revenue to local public safety programs.
Proposition 218/ November 1996	• Limits authority of local governments to impose taxes and property-related assessments, fees, and charges. • Requires majority of voters to approve increases in all general taxes, and reiterates that two-thirds must approve special taxes.

Continued

Ballot Measures Have Had Major State-Local Fiscal Implications

Measure/Election	Major Provisions
Proposition 10/ November 1998	• Imposes a 50 cent per pack surtax on cigarettes, and comparable surtax on other tobacco products. • Limits use of revenues, primarily to augment early childhood development programs.
Proposition 39/ November 2000	• Lowers voter approval from two-thirds to 55 percent for local general obligation bonds for school facilities.
Proposition 42/ March 2002	• Permanently directs to transportation purposes sales taxes on gasoline previously deposited in the General Fund. • Authorizes state to retain gasoline sales taxes in General Fund when state faces fiscal difficulties.
Proposition 49/ November 2002	• Requires that the state fund after-school programs at a specified funding level.
Proposition 57/ March 2004	• Authorizes $15 billion in bonds to fund budgetary obligations and retire the state's 2002-03 deficit.
Proposition 58/ March 2004	• Requires a balanced state budget, restricts borrowing, and mandates creation of a reserve fund.
Proposition 1A/ November 2004	• Restricts state's ability to reduce local government revenues from the property tax, sales tax, and vehicle license fee.
Proposition 63/ November 2004	• Imposes an additional 1 percent tax on incomes of $1 million and over to fund mental health services.
Proposition 1A/ November 2006	• Limits state's ability to retain gasoline sales taxes in General Fund and constitutionally requires repayment of past-year loans to transportation.
Proposition 22/ November 2010	• Reduces the state's authority to use or redirect state fuel tax revenues and local property tax revenues.
Proposition 26/ November 2010	• Broadens the definition of "taxes" to include many payments previously considered to be state and local fees and charges.

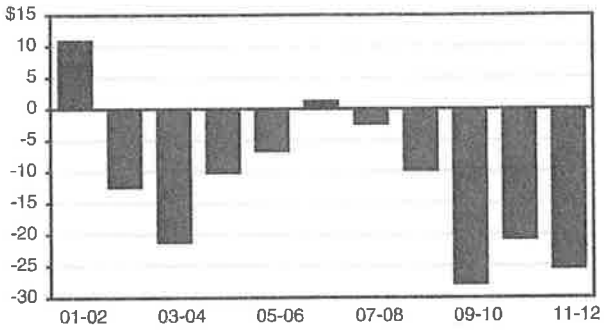
Five State Mandates Account for Much of the State's $1 Billion Backlog



- If the state mandates that a local government provide a new program or higher level of service, the Constitution generally requires the state to provide reimbursement.
- The state has accumulated a large backlog of unpaid mandate bills. In 2009-10, the state owed counties, cities, and special districts more than $1 billion for mandates. Five mandates, shown above, account for about 60 percent of this liability.
- The Legislature may "suspend" a mandate in the budget act. Suspending a mandate makes local agency implementation of the mandate optional for one year. In 2010-11, the state budget suspended more than 50 mandates. Some of these mandates have been suspended annually for over a decade.

Significant State Budget Shortfalls Since 2001

(Projected Budget Problem at Beginning of Each Budget Cycle[a], in Billions)

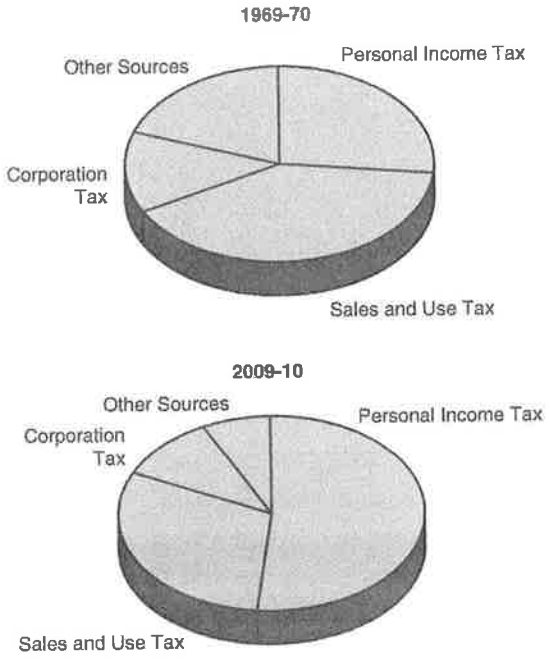


[a] Based on LAO projections made in November preceeding each fiscal year shown. Represents difference between current-law resources (including reserves) and expenditures.

- California has dealt with large state budget shortfalls since 2001. The 2001 recession and the "Great Recession" of 2007 to 2009 were major causes of the shortfalls. In addition, major new program and tax cut commitments were made in 1999 and 2000 that raised the level of state spending.

- The state's fiscal condition deteriorated rapidly in the months following the near collapse of world credit markets in late 2008. Eventually, the Legislature had to enact about $60 billion of one-time and ongoing actions to address the 2009-10 budget shortfall. In 2010-11, the enacted budget, as well as 2010 special session actions, contained about $20 billion of budget solutions.

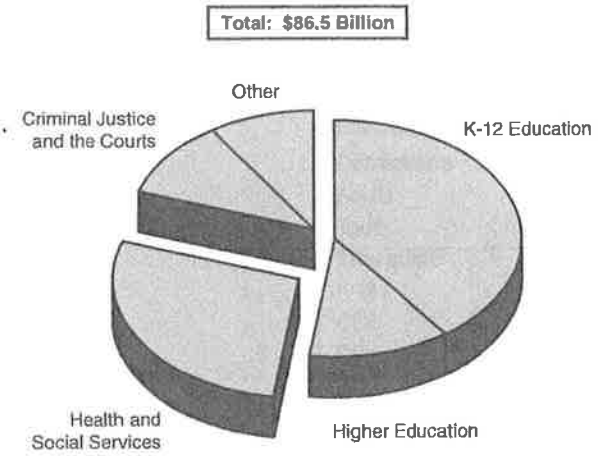
The Composition of Revenues Has Changed Over Time



- Over the past four decades, personal income tax revenues to the General Fund have increased dramatically—rising from 27 percent to 51 percent of General Fund revenues.
- This growth is due to growth in real incomes, the state's progressive tax structure, and increased capital gains.
- The reduced share for the sales tax reflects in part the increase in spending on services, which generally are not taxed.

Education, Health, and Social Services Dominate Spending

General Fund—2009-10

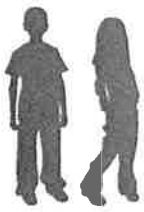


- The General Fund spent $45 billion in 2009-10—52 percent of the total budget—on education, including payments to school districts, community colleges, and universities. Health and social services spending accounted for $24 billion (28 percent).

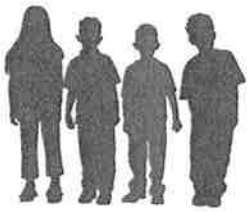
- In 2009-10, $67 billion—77 percent of the total General Fund budget—was paid to local governments (including school districts and counties) and the university systems. State personnel costs, excluding university employees, accounted for about 10 percent of the budget.

California's Public Schools Serve Diverse Population

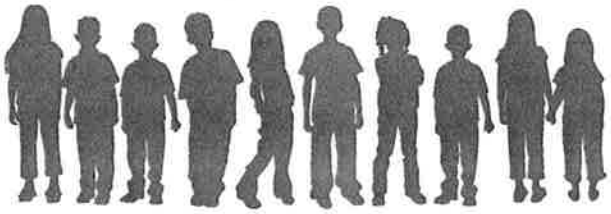
California's Public Schools Enroll More Than 6 Million K-12 Students:



About 1 in 2 is from a low-income family.



About 1 in 4 is an English language learner (ELL).

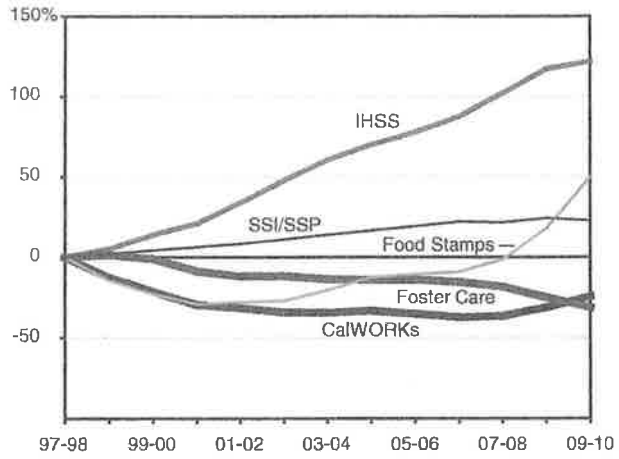


About 1 in 10 receives special education services.

- Students are considered low income if their family's income is at or below 185 percent of the federal poverty level ($40,793 for a family of four).
- Of the state's ELL students, 85 percent are native Spanish speakers. The next most common language is Vietnamese (2 percent).

Caseload Growth for Major Social Services Programs

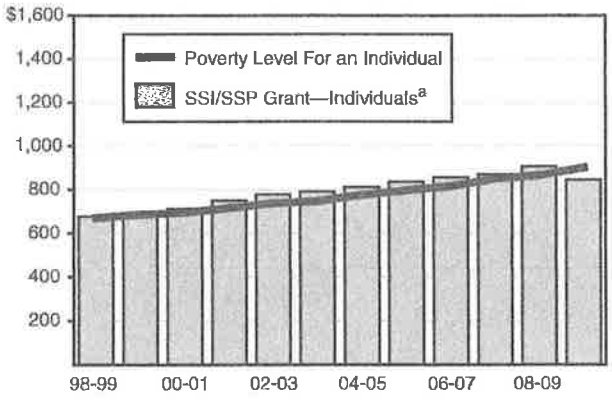
Percent Change in Caseload Since 1997-98



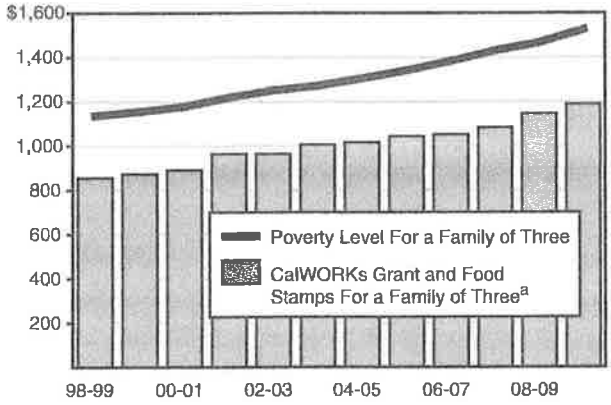
- The IHSS caseload has more than doubled over the past 12 years, but more recently has experienced significantly slower growth.
- The SSI/SSP caseload, which experienced modest annual increases, and the Foster Care caseload, which experienced modest annual declines, appear to be unaffected by the economy.
- The Food Stamps[a] caseload increases during times of economic contraction. To a lesser extent, this is also true of CalWORKs.

[a] The Food Stamps program was recently renamed CalFresh in California.

SSI/SSP Grant Is Near Poverty Level . . .



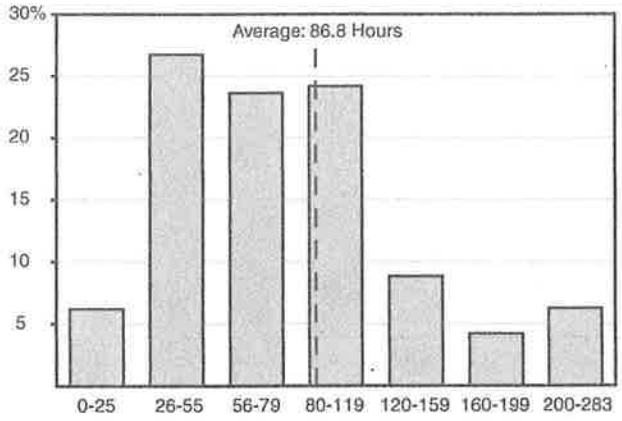
. . . While CalWORKs Grant Is Significantly Below Poverty Level



[a]Maximum monthly grant.

Number of In-Home Supportive Services Hours Varies

Percentage of Recipients According to Monthly Authorized Hours

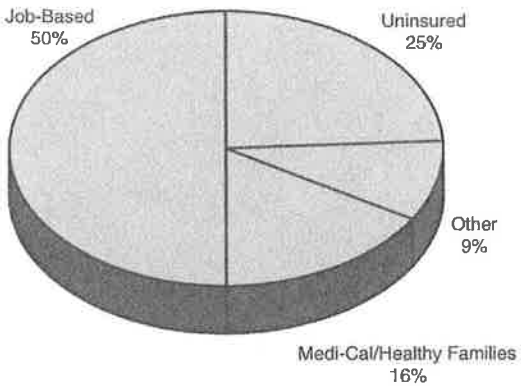


- IHSS recipients may receive up to 283 hours of authorized services per month. Most receive between 26 and 119 hours per month. Only a small percentage receive more than 200 hours or less than 25 hours of care each month.

- The average annual cost per person in IHSS was about $13,000 in 2009-10. The cost for a particular recipient varies based on the number of hours of services authorized and the wage of the IHSS provider.

Health Coverage, 2009

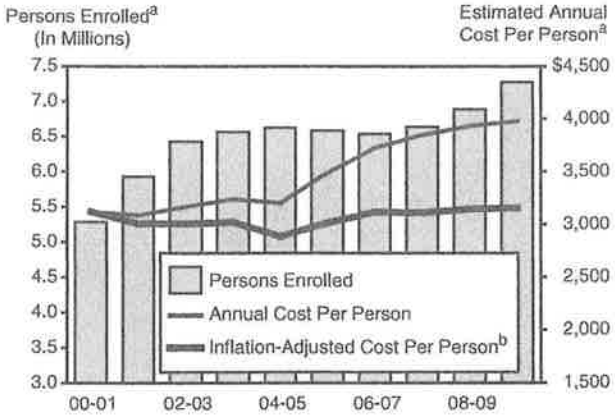
Nonelderly, Age 0 to 64



Source: UCLA Center for Health Policy Research.

- In 2009, about 50 percent of nonelderly Californians, or 17 million persons, had job-based health insurance coverage.
- Approximately 25 percent, or 8 million, lacked any form of health insurance at some point during 2009.
- About 16 percent, or about 6 million individuals, received care through the Medi-Cal and Healthy Families programs. The remaining 9 percent had "Other" forms of coverage, such as private health insurance and veteran's benefits.

Medi-Cal Inflation-Adjusted Costs Per Person Relatively Stable



[a]Expenditures are total funds. Excludes certain hospital payments and county funds.

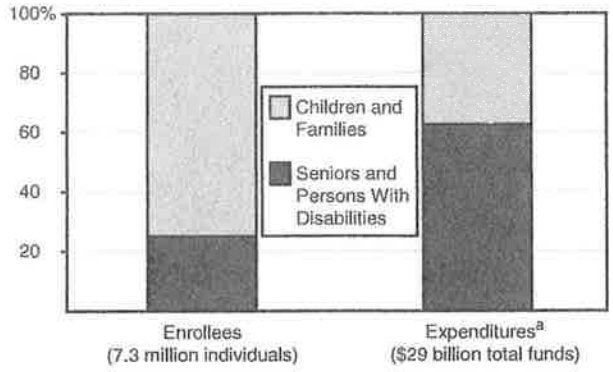
[b]California Consumer Price Index used to adjust all values to 2000-01 dollars.

- The estimated annual cost per Medi-Cal enrollee increased slightly over the past decade. However, after adjusting for inflation, annual cost per enrollee was relatively stable.

- Various eligibility expansions and simplified eligibility processes caused Medi-Cal caseloads to grow in 2001-02 and 2002-03. Growth in the last two years is largely due to higher unemployment rates as a result of the recession.

Disproportionate Share of Medi-Cal Spending for Seniors and Disabled

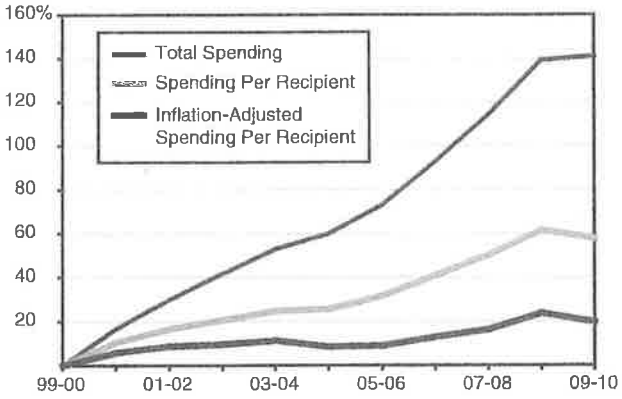
2009-10 Estimates



[a]Excludes certain hospital payments and county funds.

- While the largest group of beneficiaries (75 percent) is families and children, a disproportionate share of Medi-Cal spending (63 percent) is for seniors and persons with disabilities (SPDs).
- About half of Medi-Cal enrollees, representing mostly families and children, are enrolled in a managed care plan, while most SPDs are in so called fee-for-service arrangements.

Regional Center Spending Up Significantly



- Regional Centers (RC) provide state and federal funded community-based services to about 240,000 developmentally disabled individuals. Between 1999-00 and 2009-10, total spending grew by 145 percent. Average per person spending went up by 58 percent. Adjusted for inflation, per person spending went up 20 percent.

- The increase in costs is attributable to several factors. New medical technology, treatments, and equipment have broadened the scope of services available to the developmentally disabled. Other factors include increased life expectancy of RC clients, increased diagnosis of autism, and the comparatively higher costs of treating autism.

Council Legislative Update as of 1/6/2011

Abuse Prevention

AB 40 (Yamada) **Elder abuse: reporting.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: The Elder Abuse and Dependent Adult Civil Protection Act establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. The act requires certain persons, called mandated reporters, to report known or suspected instances of elder or dependent adult abuse. The act requires a mandated reporter to report the abuse to the local ombudsperson or the local law enforcement agency if the abuse occurs in a long-term care facility. Failure to report physical abuse and financial abuse of an elder or dependent adult under the act is a misdemeanor. This bill would, instead, require the mandated reporter to report the abuse to both the local ombudsperson and the local law enforcement agency. This bill would also make various technical, nonsubstantive changes. This bill contains other related provisions and other existing laws.

SB 13 (Correa) **Pupils: teen dating violence prevention.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be acted upon on or after January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-S PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law requires a school district that provides instruction to pupils in grades 7 to 12, inclusive, to provide an adopted course of study to those pupils, as specified. Existing law requires the State Board of Education to adopt content standards in certain curriculum areas. This bill would authorize a school district to provide teen dating violence prevention education consisting of age-appropriate instruction, as developed by the state board pursuant to the bill, as part of the sexual health and health education program it provides to pupils in grades 7 to 12, inclusive. The bill would authorize a school district to use school district personnel or outside consultants who are trained in the appropriate courses to provide this additional instruction. The bill would specify the required content and criteria for this additional instruction and any associated materials if a school district elects to provide it. The bill would provide that a parent or guardian of a pupil has the right to excuse his or her child from all or part of the teen dating violence prevention education and any assessments related to it, and would prescribe the procedure for a parent or guardian to exercise that right. This bill contains other related provisions.

Civil Rights

SB 21 **(Liu) Long-term care: assessment and planning.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be acted upon on or after January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-S PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law provides for the licensure of various health facilities, including general acute care hospitals, skilled nursing facilities, and intermediate care facilities, and congregate living health facilities by the State Department of Public Health. Certain of these facilities are included under the category of long-term health care facilities, as defined. A violation of these provisions is a crime. Existing law requires each hospital to have in effect a written discharge planning policy and process that requires appropriate arrangements for posthospital care and a process that requires that each patient be informed, orally or in writing, of the continuing care requirements following discharge from the hospital, as specified and additionally requires specific information to be provided to a patient anticipated to be in need of posthospital care. This bill would require a hospital that is required to provide, as part of its discharge policy, information to patients anticipated to need posthospital care, to provide the information both orally and in writing to the patient and, if necessary, to his or her representative, at the earliest possible opportunity prior to discharge. By changing the definition of an existing crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Criminal Justice

SB 9 **(Yee) Sentencing.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be acted upon on or after January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-S PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law provides that the Secretary of the Department of Corrections and Rehabilitation or the Board of Parole Hearings, or both, may, for specified reasons, recommend to the court that a prisoner's sentence be recalled, and that a court may recall a prisoner's sentence. This bill would authorize a prisoner who was under 18 years of age at the time of committing an offense for which the prisoner was sentenced to life without parole to submit a petition for recall and resentencing to the sentencing court, and to the prosecuting agency, as specified. The bill would establish certain criteria, at least one of which shall be asserted in the petition, to be considered when a court decides whether to conduct a hearing on the petition for recall and resentencing and additional criteria to be considered by the court when deciding whether to grant the petition. The bill would require the court to hold a hearing if the court finds that the statements in the defendant's petition are true, as specified. The bill would apply retroactively, as specified.

Education/Special Education

AB 9 (Ammiano) **Education: bullying.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: N
Is Urgency: N
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law requires specified school personnel to report known or suspected instances of child abuse, as defined, to designated law enforcement entities. This bill would state the intent of the Legislature to enact legislation to protect pupils from acts of bullying by requiring school personnel to report known or suspected instances of bullying to law enforcement entities.

AB 13 (Knight) **Public school volunteers.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law authorizes any person, except a person required to register as a sex offender pursuant to a designated provision, to be permitted by the governing board of a school district to serve as a nonteaching volunteer aide under the immediate supervision and direction of certificated personnel of the district to perform noninstructional work that serves to assist the certificated personnel of the district in their teaching and administrative responsibilities. Existing law authorizes a school district or county office of education to request that a local law enforcement agency conduct an automated records check of a prospective nonteaching volunteer aide in order to ascertain whether the prospective nonteaching volunteer aide has been convicted of a designated sex offense. This bill would specify that each of these provisions applies to charter schools. The bill would also prohibit persons who have been convicted of specified sex, controlled substance, or violent offenses from serving as nonteaching volunteer aides. This bill contains other existing laws.

AB 47 (Huffman) **Schools: open enrollment.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: N
Is Urgency: N
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law, the Open Enrollment Act, allows the parent of a pupil enrolled in a

low-achieving school to submit an application for the pupil to attend school in a school district other than the school district in which the parent of the pupil resides, but in which the parent nevertheless intends to enroll the pupil. Existing law defines a low-achieving school, for purposes of these provisions, as a school identified by the Superintendent by inclusion on a list of 1,000 schools ranked by increasing Academic Performance Index (API) score; however no local agency may have more than 10% of its schools on the list and specified types of schools may not be included. This bill would instead provide that the list created by the Superintendent to define low-achieving schools may include up to 1,000 schools, that schools on the list be ranked in decile 1 on the most current API, and that county offices of education operating a special education program, and state special schools not be included on the list.

SB 48 **(Leno) Instruction: prohibition of discriminatory content.** (I-12/13/2010 html pdf)
Introduced: 12/13/2010
Last Amend:
Status: 01/03/2011-Read first time.
Is Fiscal: N
Is Urgency: N
Location: 12/13/2010-S PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law requires instruction in social sciences to include a study of the role and contributions of both men and women to the development of California and the United States. This bill would require instruction in social sciences to also include a study of the role and contributions of Native Americans, African Americans, Mexican Americans, Asian Americans, Pacific Islanders, European Americans, lesbian, gay, bisexual, and transgender Americans, and other ethnic and cultural groups, to the development of California and the United States. This bill contains other related provisions and other existing laws.

Employment

AB 15 **(V. Manuel Pérez) Workforce development: California Renewable Energy Workforce Readiness Initiative: local workforce investment boards.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law, the California Workforce Investment Act, establishes the California Workforce Investment Board (CWIB), which is the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California's workforce investment system, and prescribes the functions and duties of the board with regard to the implementation and administration of workforce training and development programs. Existing law establishes the Green Collar Jobs Council (GCJC) as a special committee in the CWIB, comprised of specified members, to assist in providing workforce development and job training relating to green collar jobs. This bill would require the CWIB, by July 1, 2012, in consultation with the Green Collar Jobs Council (GCJC), to establish the California Renewable Energy Workforce Readiness Initiative to ensure green collar career placement and advancement opportunities within California's renewable energy generation, manufacturing, construction, installation, maintenance, and operation sectors

that is targeted toward specified populations. The bill would require that the initiative provide guidance to local workforce investment boards on how to establish comprehensive green collar job assessment, training, and placement programs that reflect the local and regional economies, as prescribed. The bill would require the CWIB, in developing the initiative, to assist the local workforce investment boards in collecting and analyzing specified labor market data, in order to assess accurately the workforce development and training needs of local or regional industry clusters. The CWIB would be required to submit to the Legislature, by January 1, 2014, a report on the implementation of the initiative. The bill would require that the board only implement the initiative established pursuant to provisions of the bill if the Director of Finance determines that there are sufficient funds made available to the state for expenditure for the initiative pursuant to the federal American Recovery and Reinvestment Act of 2009, the federal Workforce Investment Act of 1998, or other federal law, or from other non-General Fund sources, and would require that the initiative terminate at such time that the director determines that there are no longer sufficient funds available for the initiative.

Health Care

AB 43 **(Monning) Medi-Cal: eligibility.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. This bill would require the department to establish, by January 1, 2014, eligibility for Medi-Cal benefits for any person who meets these eligibility requirements. This bill would permit the department, to the extent permitted by federal law, to phase in coverage for those individuals. This bill contains other related provisions and other existing laws.

Mental Health

AB 39 **(Beall) Special education: funding.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: Y
Is Urgency: Y
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63, establishes the Mental Health Services Fund to fund specified county mental health programs. The act provides that all moneys in the Mental Health Services Fund are continuously appropriated to the State Department of Mental Health.

The act may be amended only by a 2/3 vote of both houses of the Legislature and only so long as the amendment is consistent with and furthers the intent of the act. This bill would require the department to allocate $57,000,000 of those moneys to county mental health departments for purposes of providing special education services, thereby making an appropriation. The bill also would require the Superintendent of Public Instruction and county mental health directors to jointly convene a technical working group to develop a transitional program to transfer the responsibilities associated with providing special education services from county mental health departments to the State Department of Education. This bill contains other related provisions.

Other

AB 21 (Nestande) **State Budget: key liabilities.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-A PRINT

[redacted]
2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Under existing law, various duties and responsibilities are imposed upon the Governor and the Department of Finance in connection with the preparation and submission of the annual State Budget to the Legislature at each regular session thereof, including, among other things, the requirement to include a complete plan of all proposed expenditures and estimated revenues for the ensuing fiscal year. This bill additionally would require the Governor, or the Department of Finance acting on his or her behalf, at the same time as the Governor's Budget is submitted to the Legislature, to submit a report to the Legislature, setting forth a list of the state's key liabilities, in the nature of debt, deferred payments, and other liabilities that will affect the state's financial health in the future. The bill would direct that the report include a discussion of budget-related, infrastructure-related, and retirement-related liabilities, as well as recommendations for the retirement of those liabilities. This bill contains other related provisions.

AB 27 (Gorell) **State budget.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: Y
Is Urgency: N
Location: 12/06/2010-A PRINT

[redacted]
2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Under existing law, no bill other than the Budget Bill may be heard or acted upon by a committee or either house of the Legislature until the 31st day after the bill is introduced, unless the house dispenses with this requirement via a 3/4 vote. This bill would require that the Budget Bill be in print and posted on a publicly accessible Internet Web site for 72 hours before it could be passed and sent to the Governor. This bill contains other related provisions and other existing laws.

AB 28 (Huber) **State agencies: repeal.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:

Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: N
Is Urgency: N
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing law establishes the Joint Sunset Review Committee for the purpose of identifying and eliminating waste, duplication, and inefficiency in government agencies and conducting a comprehensive analysis of every "eligible agency," as defined, to determine if the agency is still necessary and cost effective. Existing law defines an "eligible agency" as an entity of state government, however denominated, for which a date for repeal has been established by statute on or after January 1, 2011. Existing law requires the committee to take public testimony and evaluate the eligible agency prior to the date the agency is scheduled to be repealed, and requires that an eligible agency be eliminated unless the Legislature enacts a law to extend, consolidate, or reorganize the agency. This bill would declare the intent of the Legislature to enact legislation that would establish repeal dates for various agencies for the purpose of increasing the number of agencies that meet the definition of an "eligible agency" that is eligible for review by the Joint Sunset Review Committee.

ACA 1 **(Jeffries) Meetings of the Legislature.** (I-12/06/2010 html pdf)
Introduced: 12/06/2010
Last Amend:
Status: 12/07/2010-From printer. May be heard in committee January 6.
Is Fiscal: N
Is Urgency: N
Location: 12/06/2010-A PRINT

2YR/Dead | 1st Desk | 1st Policy | 1st Fiscal | 1st Floor | 2nd Desk | 2nd Policy | 2nd Fiscal | 2nd Floor | Conf./Conc. | Enrolled | Vetoed | Chaptered

Summary: Existing provisions of the California Constitution require meetings of each house and committee of the Legislature to be open to the public, except that closed meetings may be held to consider specified matters, including employment and personnel, security, advice from counsel, and caucus meetings. Existing provisions of the California Constitution provide that no bill may be passed unless it is read by title on 3 days in each house except that the house may dispense with this requirement by rollcall vote entered in the journal, 2 /3 of the membership concurring. Existing provisions of the California Constitution prohibit a bill from being passed until the bill with amendments has been printed and distributed to the members. This measure would further require a house or committee of the Legislature, at least 72 hours before a regularly scheduled meeting, to post an agenda containing a brief general description of each item to be considered, including items to be considered in closed session. The measure would generally prohibit consideration of any matter not included in the agenda. The measure would require public disclosure of a writing provided to members of a house or a committee in connection with the consideration of agenda items unless the writing is exempt from the mandatory disclosure requirements imposed by statute. The measure would require each agenda for a regular committee meeting to provide an opportunity for members of the public to directly address the committee on an item of interest to the public, before or during the committee's consideration of the item, that is within the subject matter jurisdiction of the committee. The measure would provide for the calling of a special or emergency meeting of the house or a committee upon specified notice to its members and the media. This bill contains other existing laws.

Total rows: 15

AGENDA ITEM DETAIL SHEET

ISSUE: **Executive Director Evaluation Tool/Process**

BACKGROUND: During the 2010 executive director selection process, both the Selection and Executive Committees took action to direct staff to a draft an evaluation tool for the 2011 Executive Director evaluation.

On December 14, 2010, staff provided a draft to the Executive Committee. The Committee reviewed the draft, made minor modifications and directed staff to provide the attached draft to the full Council in January 2011 for their review and comments prior to finalizing the tool.

ANALYSIS/DISCUSSION: The Council is asked to review the attached draft and provide comments to the Executive Committee no later than February 4, 2011. All comments will be reviewed and incorporated, as appropriate, during the February Executive Committee meeting. The final draft will be considered for Council action at the March 2011 meeting.

COUNCIL STRATEGIC PLAN OBJECTIVE: CC 1.1

PRIOR COUNCIL ACTIVITY: None

RECOMMENDATION(S): Council members should review the draft and provide comments to the Executive Committee by February 4, 2011.

ATTACHMENTS(S): Draft executive director evaluation tool and process.

PREPARED: Melissa C. Corral

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
EXECUTIVE DIRECTOR EVALUATION

I. PROCESS

Pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (federal DD act), the Executive Director of the Council shall be evaluated on an annual basis. At the September Board meeting, we will need to conduct the Executive Director annual evaluation.

The process for evaluating the Executive Director is as follows:

1. The Chairperson of the Council coordinates the Executive Director Evaluation. He/she distributes a packet of materials to assist them in filling out the Performance Evaluation Form.

2. Each Council member completes the Performance Evaluation Form, rating each category. The Narrative Questions are also answered. When completed, the form and narrative are returned to the Chairperson.

3. Staff members are sent Narrative Questions as well. These are summarized and given to the Chairperson.

4. Each Performance Evaluation Form is logged onto a worksheet and summarized.

5. A final summary report is produced.

6. The Executive Director Evaluation will be included as a closed session item on the September Council Meeting agenda.

7. Upon resuming in open session, the Executive Director and the full Council then meet to discuss salary/bonus, etc.

8. This information is then processed through Personnel.

6F

II. INSTRUCTIONS

Please use the rating levels: "N/I" (Needs Improvement) "A" (Meets Standards/Acceptable), or "O" (Exceeds Standards/Outstanding). If you do not know about a particular area, mark Do Not Know.

The following definitions should be used to determine whether a "Needs Improvement", "Meets", or "Exceeds" Standard rating is appropriate for a given performance dimension. In selecting a single rating for each performance dimension to be evaluated, the rater should utilize definitions pertaining to a combination of both work quantity and quality.

For each specific question, each Council member is encouraged to answer to provide specific feedback to the Executive Director.

Rating Factor	**Needs Improvement (N/I)**	**Meets Standards Acceptable (A)**	**Exceeds Standards Outstanding (O)**
Work quantity	Does not produce a volume of work for allocated time of effort	Productive worker in providing a proper amount of work	Produces an exceptional level of work output.
Work Quality	Does not demonstrate a proper level of work skill proficiency	Performs work with requisite skills and does work accurately	Work is always accurate and orderly; performs work with superior skill and execution of duties

III. EXECUTIVE DIRECTOR EVALUATION

ASSISTANCE TO COUNCIL MEMBERS	**Don't Know**	**Needs Improvement**	**Acceptable**	**Outstanding**
Assists the Council in scheduling, planning and prepare for Council and committee meetings.				
Assists the Council in the formulation of agency policy, organizational goals, objectives and budgets.				
Assists the Council in the formulation of policy decisions regarding issues that affect the rights and interests of persons with disabilities.				
Assists the Council in ensuring organizational compliance with relevant federal and state laws and regulations, including providing and interpreting relevant information.				
Assists the Council in designing and directing organizational planning and development activities and processes.				
PERSONNEL				
Develops and implements an organizational staff structure.				

PERSONNEL (continued)	Don't Know	Needs Improvement	Acceptable	Outstanding
Assures that staff are employed, that positions are filled by competent individuals, and that staff are trained, directed, coordinated and supervised effectively in order to carry out organizational goals and objectives.				
MAINTENANCE OF FISCAL INTEGRITY				
Develops, implements and manages the Council approved budget.				
Ensures that budget is implemented in compliance with acceptable accounting and fiscal management practices.				
Ensures budget is implemented in compliance with relevant federal and state laws and regulations.				
Assures that timely and relevant budget information is provided to the Council				
Negotiates and executes contracts on behalf of the Council consistent with approved goals, objectives, plans and budget actions.				

PUBLIC AND AGENCY LIAISON	Don't Know	Needs Improvement	Acceptable	Outstanding
Maintains effective relationships between the Council, the federal Administration on Developmental Disabilities and State funding agencies.				
Maintains effective relationships and works in concert with other advocacy organizations with compatible goals and objectives.				
Maintains effective relationship and liaison with the National Association of Councils on Developmental Disabilities (NACDD).				
ADAPTABILITY RATING				
Able to assume a variety of roles and responsibilities related to the position and perform with required knowledge/skills.				
Able to respond well to changing job requirements and work conditions, including unanticipated/exceptional administrative and/or programmatic events.				

EXPRESSION	Don't Know	Needs Improvement	Acceptable	Outstanding
Able to clearly/concisely convey information (e.g., interpreting regulations, presenting reports, articulating needs/priorities, giving instructions) orally and in writing.				
Able to organize coherent presentations and effectively highlight/summarize key points and issues.				
INTERPERSONAL RELATIONS				
Demonstrates sensitivity and good judgment.				
Is helpful and friendly.				
Resolves conflicts in an objective manner.				

IV. NARRATIVE QUESTIONS

1. What impressed you the most about the Executive Director's performance this year?

2. In what areas has the Executive Director shown exceptional improvement?

3. What specific recommendations do you have for the Executive Director?

4. What should be the priorities for the Executive Director over the next year?

5. Do you have any additional comments regarding the Executive Director's performance?

_____ _____

Council Member Signature Date

EXECUTIVE DIRECTOR EVALUATION
2011 TIMELINE

December 14, 2010	Provide a draft evaluation tool to the Executive Committee for review/revision.
January 19, 2011	Provide the revised draft tool from to the full Council for comments and revision.
February 8, 2011	Executive Committee will review the comments and suggested revisions and incorporate/revise the tool as appropriate.
March 2011	Final evaluation tool submitted to the full Council for approval.
June 14, 2011	Executive Committee will select one person to coordinate the evaluation which will be sent to all Council members.
June 2011	Evaluation will be sent out to all appropriate persons with a return date of July 30, 2011 to the evaluation coordinator.
August 9, 2011	Evaluation coordinator will present the evaluation materials, statistical data and all information to the Executive Committee during a closed session.
September 2011	Executive Committee will present the evaluation and their recommendation to the full Council during a closed session.

Draft

Executive Committee Meeting Minutes

December 14, 2010

Attending Members	Members Absent	Others Attending
Marcy Good, Chairperson	Shirley Dove	Carol Risley
Leroy Shipp		Melissa Corral
Jorge Aguilar		Roberta Newton
Jennifer Allen		Robin Maitino
Michael Bailey		Mike Danti
Ray Ceragioli		
Lisa Cooley		
Olivia Raynor		

I. Call to Order

Marcy Good, Chairperson called the meeting to order at 1:30 p.m.

II. Introductions

Members and staff introduced themselves.

III. Establishment of Quorum

Marcy Good established that a quorum was present.

IV. Approval of October 20, 2101 Meeting Minutes

It was moved, seconded (Shipp/Cooley), and carried to approve the October 20, 2010 minutes as corrected to reflect the correct spelling of Michael Rosenberg's name in item X. (1 abstention)

V. Public Comments

There were no public comments.

VI. Financial Update

Michael Danti provided an updated 2010-11 expenditure report, noting that there is a slight discrepancy under the Personal Services column due to an employee's salary and benefits being charged to Area Board (AB) 3 that should have been charged to SCDD. He stated that the Operating Expenses and Equipment column appears low because there is a 1-to-2-month lag time in processing payments.

Michael also provided a report on the documents submitted by SCDD for the Governor's Proposed Budget. It appears that we will have an additional $110,000 for

headquarters and $205,000 for ABs. There was discussion over where the additional funds would be used, including a question on whether or not the funds could be used for headquarters' salary increases. Mike explained the State salary system and that the money could not be used for that purpose.

VII. Lanterman Coalition

Carol Risley presented information on the Lanterman Coalition. The Coalition consists of 12 major stakeholders in California's community-based developmental services system and is designed to bring organizations together to share information and common causes/positions. After discussion and clarifications, it was moved and seconded (Shipp/Aguliar) and carried to have the Council participate in the Lanterman Coalition.

VIII. Committee Updates

a. Strategic Planning

Olivia Raynor noted that the state plan hearing dates were e-mailed to all the Council members and area boards. There was considerable discussion regarding the importance of Council member participation at each hearing. Olivia suggested that the public information about the hearings include information regarding how participation benefits individuals.

b. Program Development Fund

Lisa Cooley indicated that there was nothing to report at this time.

c. Employment First

Michael Bailey discussed the progress of the Subcommittees; noted that there is a draft Employment First policy going to the full committee in January; and that there is a special effort to engage consumers to be more active on the committee.

d. Legislative and Public Policy

Jorge Aguilar was not able to attend the last committee meeting, however all actions from that meeting were acted upon by the Council in November. The next meeting is on January 27, 2011, and Carol anticipates a review and recommended positions on elements within the 2011-12 Governors' Proposed Budget. Jorge discussed the desire to have all area boards represented on the Committee and to assure equitable representation. There was also discussion about the need to update the Council webpage and the new plain language training materials on legislative advocacy developed by AB 9. Marcy noted that Leroy, Carol, and she will be attending the National Disability Summit in Washington, DC in February and plan to make visits to California representatives.

e. Executive

Leroy Shipp and Marcy Good discussed the membership of the Executive Committee and Leroy announced that all appointments of committee chairpersons, thus also members of the executive committee, will remain for now until he has the opportunity to talk with Council members about their interest and availability to serve in leadership roles.

IX. Draft Executive Director Evaluation

Melissa Corral presented a draft executive director evaluation instrument that came about as part of the 2010 executive director selection process.

There was general discussion and some suggestions for changes from the Committee members. It was agreed that Melissa would make these changes and prepare the draft for presentation at the January 2011 Council meeting where members would be instructed to review the draft and send comments/suggestions to Melissa. Melissa will revise the instrument based upon that input for review and recommendation by the Executive Committee in February and final action by the full council in March 2011. Based upon the current executive director's anniversary date, Marcy suggested that the instrument be provided to Council members in July 2011 for completion and reporting in September. Ray discussed the need to meet with the executive director to go over the outcomes of the evaluation and allow their response.

X. Personnel Update

Roberta Newton reported that SCDD received freeze exemptions to fill three vacancies; the Executive Assistant and two Client Rights' Advocates, one for Porterville and one for Sonoma Developmental Centers.

Headquarters is currently interviewing for a Legislative Specialist and has posted the vacancy for the Associate Information Systems Analyst. There are four remaining vacancies, two Deputy Director appointees, which are pending at the Governor's Office, and two Volunteer Advocacy Services coordinators. The Deputies' appointment documents are being resubmitted to Governor-Elect Brown for appointment should the current Governor not act on them before leaving office.

SCDD has been notified of two additional staff changes. The Executive Director at AB 1 is retiring in January, however will remain on the payroll for some time using leave credits. AB 1 has requested and been approved to provide an out-of-class designation for Dawn Morley to act as the executive director during the interim. The Executive Director at AB 9 has resigned effective December 31, 2010. Carol is working with the AB 9 Executive Committee to establish a process (drafted by Roberta) and timeline to fill this position. During the interim, Ruby Villanueva will provide support to the board 2 days per week.

XI. Support for Consumer Members

Based on comments provided by primary consumer members of the Council, Carol has contracted with the Board Resource Center to conduct boardsmanship training,

coaching, and pre-meeting reviews with Council members who are also primary consumers to enhance their effective participation on the Council, as well as provide training and mentoring to the Council on ways to effectively support these members.

XII. Chairperson's Report

Marcy reported that she and Carol attended a two-day NACDD meeting in Florida in September. Marcy is a member of the NACDD Public Policy Committee. Issues being discussed included: (1) NACDD is requesting a $3 million increased in funding for the Councils; (2) reauthorization and changes to the federal DD Act; (3) building relationships with Congress; (4) the 40th Anniversary NACDD report; (5) an anticipated self-advocacy meeting in California sponsored by the Administration on Developmental Disabilities; and (6) California's participation on the NACDD Dues Committee.

Marcy announced that this will be her last meeting as Chairperson and she is pleased to have had this opportunity to serve and with the progress of the Council has made. She wants the Council to keep in mind that the 2011 National Council Meeting conflicts with our State Council meeting in November and asked that the Council consider changing our November date.

XIII. Agenda for January Council Meeting

The Committee discussed the following suggested agenda items for the January Council meeting:

Medicaid 1115 Demonstration Project Presentation
Project Search Presentation
People First Update
Committee Reports:

- Strategic Planning
- Executive
- Employee First
- Consumer Advisory

Approval of Minutes
Member Reports
Legislative/Budget Report Chairpersons' Report
Executive Director Report
Governor's Briefing Paper
NACDD Report

XIV. Adjournment

It was moved, seconded (Aguilar/Shipp), and carried to adjourn at 3:50 p.m.

AGENDA ITEM DETAIL SHEET

ISSUE: Support for Self-Advocate Council Members

BACKGROUND: Based upon comments provided by self-advocate members of the Council as well as council leadership and staff, it is apparent that the Council needs to do more to support and enhance the active participation of self-advocate members.

To further this goal, the Council engaged the Board Resource Center (BRC) to provide plain language boardsmanship training and tools; facilitation training and strategies to increase participation and informed decision-making; and an online boardsmanship media series for self-study and sustained assistance.

ANALYSIS/DISCUSSION: The federal DD Act and Lanterman Act require consumer participation on the Council and its committees, however to be meaningful, self-advocates often require additional supports and material adaptations.

COUNCIL STRATEGIC PLAN OBJECTIVE: Key goal #1- Advances the rights and abilities of all Californians with developmental disabilities and their families to exercise self-advocacy and self-determination.

PRIOR COUNCIL ACTIVITY: Unknown

RECOMMENDATION(S): Information only

ATTACHMENT(S): Outline of SCDD support plan and Leadership Development and Collaboration plan.

PREPARED: Carol J. Risley

PART 2
BOARD RESOURCE CENTER
SCDD Leadership and Participation

Our Work

Council Basics Training 101:

(A) 2-hour training on governance (board) basics in plain language

a. SCDD purpose
b. Role of each members at meetings and responsibilities
c. Facilitation and adaptations - *ways to be an effective member.*

Leadership Through Personal Change, Advocacy and Goal Setting:

a. Create a personal and advocacy mission statement.
b. Develop personal leadership plan.
c. Person-centered life/advocacy coaching sessions for each member.
d. Effective leadership participation at advocacy and council meeting.

Video and booklet Governance Training Series:

(A) The team will produce a 5-part self-guided video training series about how to be an effective board or council member. Each part will have its own booklet that follows the video and a worksheet. To be posted on SCDD website.

Subjects:

a) Governance principles and leadership,
b) Member responsibilities and legal obligations,
c) Recruitment and planning,
d) Board and committee development/relationship
e) Facilitation, adaptations and mentoring practices.

Facilitation training and Manual:

(A) SCDD Training: provide Council Members, Facilitators and administration: Provide 3 trainings for Council members who use facilitators and their facilitators on good facilitation practices.

PART 3
Leadership Development and Collaboration
2011 - 2012

Outcomes

- Facilitate and coach (5) Statewide advocacy leadership team meetings.
- SCDD sponsored leadership conference
- Leadership plan for advocacy

Our Work

- Collaborate with SCDD to identify statewide self/peer advocates representing to initiate a new advisory/leadership team to effectively collaborate with existing advocacy groups to increase cooperation, leadership and statewide advocacy.

- Provide training and facilitation at designated meetings,

- Coaching and mentoring in each person's home community. Develop materials that document member's leadership process, strategies and outcomes.

- Team activities, public presentations and publications that support people to become leaders, influence policies, direct their own individualized plans and services that increase quality of life.

- Focus:
  Community support for each advocate representative to accomplish leadership goal and advocacy strategies.
  Develop tools for each meeting.
  Facilitation, coaching and mentoring to guide and support members and groups they represent to accomplish action plans.

- Document and publish successful strategies in a pictorial and plain language series as the final project outcome.

Project SEARCH

Helping businesses build a successful workforce

"It's an incredible program. It gives people who otherwise aren't given a shot, a chance to be productive members of our workforce. I could see the joy employment brought the interns—at the same time they fulfilled a valuable need for the institution."

–Doug Meyers, COO
Children's Hospital & Research Center
Oakland, California

Finding and retaining dedicated employees is a challenge in any business. Project SEARCH helps businesses solve their staffing needs by facilitating access to qualified candidates with disabilities—including the services needed to effectively train and support these motivated employees.

EMPLOYER-DRIVEN APPROACH

Project SEARCH helps to establish partnerships between businesses like yours, employment agencies that place individuals with disabilities, and schools and vocational education programs. These partners work with you to create an internal training and employment program that meets your business needs. The program provides ongoing support to help the interns and employees learn to successfully perform their jobs.

BENEFITS TO YOUR BUSINESS

The advantage of including people with disabilities in your staff cannot be overstated. You will get employees who reflect your community and excel in complex, yet systematic positions, like document processing, materials management, filing, and hospital patient services. And who will value their position for more than just a paycheck. Your business will also benefit from:

- Improved employee retention and lower recruitment costs
- Ongoing on-site training and support for you and your interns/employees
- Access to the expertise and resources of a community employment agency
- Increased workforce collaboration and morale
- Enhanced public image as a leader in employing people with disabilities

GET STARTED

Using Project SEARCH to assist with your employment needs is easy. You identify an existing staff person who will act as a liaison for the project and collaborate with your chosen partners to promote Project SEARCH within your business. The liaison will help identify staffing needs and internship opportunities, assist in recruiting and supporting the new interns and/or employees, and help establish a classroom training program.

Take the first step toward improving your business and the lives of qualified, dedicated employees with disabilities. Contact Project SEARCH at 415-979-9520.

project SEARCH
CALIFORNIA

www.projectsearchca.org

About Project Search

Project SEARCH is an internationally recognized program dedicated to building a workforce that includes people with disabilities. Its business partnerships benefit the individual, the community and the workplace. The program was born in 1996 when Cincinnati Children's Hospital Medical Center decided to address staff turnover in entry-level support positions by actively recruiting candidates with developmental disabilities. The successful project model has been replicated in hospitals, banks, universities and businesses (and a zoo!) in more than 140 locations in the U.S. and abroad.

project SEARCH

A new program at Children's offers adults with disabilities job training and hope.

written + photographed BY GARY TURCHIN

Project SEARCH intern Lisa, 43, spent 20 years working at a fast food franchise. When a new owner took over, all the adults with disabilities were let go.

It still smarts.

"I know it's against the law," Lisa said, "but people with disabilities are discriminated against."

Lisa came to Children's Hospital & Research Center Oakland's Project SEARCH looking for another, hopefully better, job. She's interning at Materials Management, visiting stockrooms all over the hospital, organizing them and removing expired products, "before," she said assertively, "the Joint Commission inspection finds them."

She means it.

Lisa joins 11 other interns—Christine, Derrick, John, David, Jessica, Ryan, Peter, Mariana, Jeff, Leah and Hao—at Project SEARCH, a new job-training program for adults with cognitive disabilities that opened at Children's Hospital in September 2008.

But the project is new only to Children's; it comes with a renowned pedigree. Erin Riehle, RN, MSN, founded the program at Cincinnati Children's Hospital a dozen years ago. She has been so successful at employing adults with disabilities and increasing the range of jobs that are open to them, that it has been replicated at more than 70 sites nationally. Children's is one of the first sites in Northern California.

The need for Project SEARCH, and programs like it, is obvious: The unemployment rate for adults with disabilities approaches 70 percent; and job choices for those who do work are very limited.

It's sad when you consider that there are few more eager, willing and able individuals out there wanting—needing—to be contributing members of the workforce.

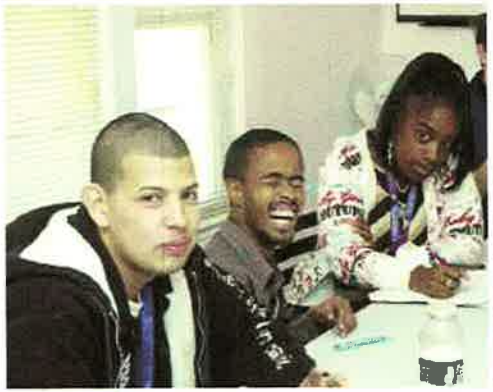
"I really, really want to make my own money," said intern Derrick, 23. "That's why I came here (Project SEARCH) in the first place."

Purpose

Children's Project SEARCH program is funded by the Regional Center of the East Bay and the California State Department of Vocational Rehabilitation.

Oakland Adult and Career Education

INTERNS AT WORK: (l.) John, in protective gloves, used an autoclave at Children's research center to sterilize equipment. (below) Lisa checked supplies and expiration dates in a storage room on the hospital's 4th floor.



funds the teacher component. East Bay Innovations (EBI) manages the effort. The program is operated at no cost to Children's Hospital.

Lori Kotsonas, director of Employment Services at EBI, directs Project SEARCH at Children's Hospital. "The main purpose of Project SEARCH," she explained, "is to provide real-world work opportunities for people with disabilities in a larger variety of fields than were previously available."

In the past, workers with disabilities were frequently relegated to menial labor performed out of view. Project SEARCH wants to expand the job horizon, and even the career horizon, of its clients. Lori is ambitious for them.

"People with developmental disabilities have proven to be very capable," she said, "especially if presented with a job that is routine and systematic."

Routine and *systematic* are the keys to the Project SEARCH pick-up truck. Even if a job is complex, if it can be broken down into routines, and performed systematically, with the right support or assisted technologies, the interns can drive almost any job successfully.

But Lori, ever the advocate, wants more than just jobs for her interns; she wants careers, benefits, and opportunities to move up the ladder.

"It's nice that you can be a bagger for 15 years," she said, "and maybe, for some that's enough. But for others, why shouldn't they also get promoted?"

Assisted technologies

Another key to Project SEARCH's success is a willingness to look with fresh eyes at how jobs are done. Sometimes a simple innovation—or assisted technology—is all it takes to tap a client's special abilities.

That's where job coaches and teachers come in. Three full-time job coaches and two part-time job teachers serve Children's interns, overseeing their labors, reinforcing their skills, and just as importantly, finding ways to accommodate jobs to an intern's abilities or disabilities.

That could mean many things, from creating a picture book of instructions for an intern who can't read or follow written ones, to designing a system with precounted slots, or envelopes, for an intern who has trouble keeping track of numbers.

Teacher Cathy Nielsen has been guiding intern Christine, 35, through a big filing job in Children's Human Resources department. When Christine first started the assignment, she had trouble reading the file labels she was pasting on the folders. Cathy suggested a simple solution: bigger type. It sounds like a small change, but it made a big difference to Christine's job success.

Cathy went to the trouble of finding employee files with long names on them to determine how large the type could be while still fitting the name across the label. The bonus: Now the files aren't just easier for Christine to read; they are easier for everyone to read.

At Project SEARCH, that's called a "universal design change," because it benefits all workers, not just the disabled, long into the future.

Another benefit—for children with disabilities—is seeing working role models such as Christine, Lisa, Derrick and all the Project SEARCH interns and graduates. Seeing adults with disabilities in the hospital, working and productive, assures parents and kids with disabilities that there is hope and a future for them.

All in the family

For Linda Tywoniak, director of Compliance at Children's Hospital's research center, bringing Project SEARCH to the hospital was personal. Her son is a client at East Bay Innovations, and she knew Project SEARCH had a stellar reputation. With her help, a Cincinnati Children's delegation, including project founder Erin Riehle, came to Oakland to pitch their program.

Doug Myers, Children's chief operating officer and chief financial officer, made the call. "I just saw it as an incredible program that gave people who otherwise weren't given a shot, a chance to be productive members of our workforce," he said. "I could see both the joy that it brought to the interns, while at the same time fulfilling a valuable need for the institution."

Linda understands the joy part, intimately.

"Because of my son," Linda acknowledged, "I know what this program can do for these young workers emotionally, and for their self-esteem and hope for the future.

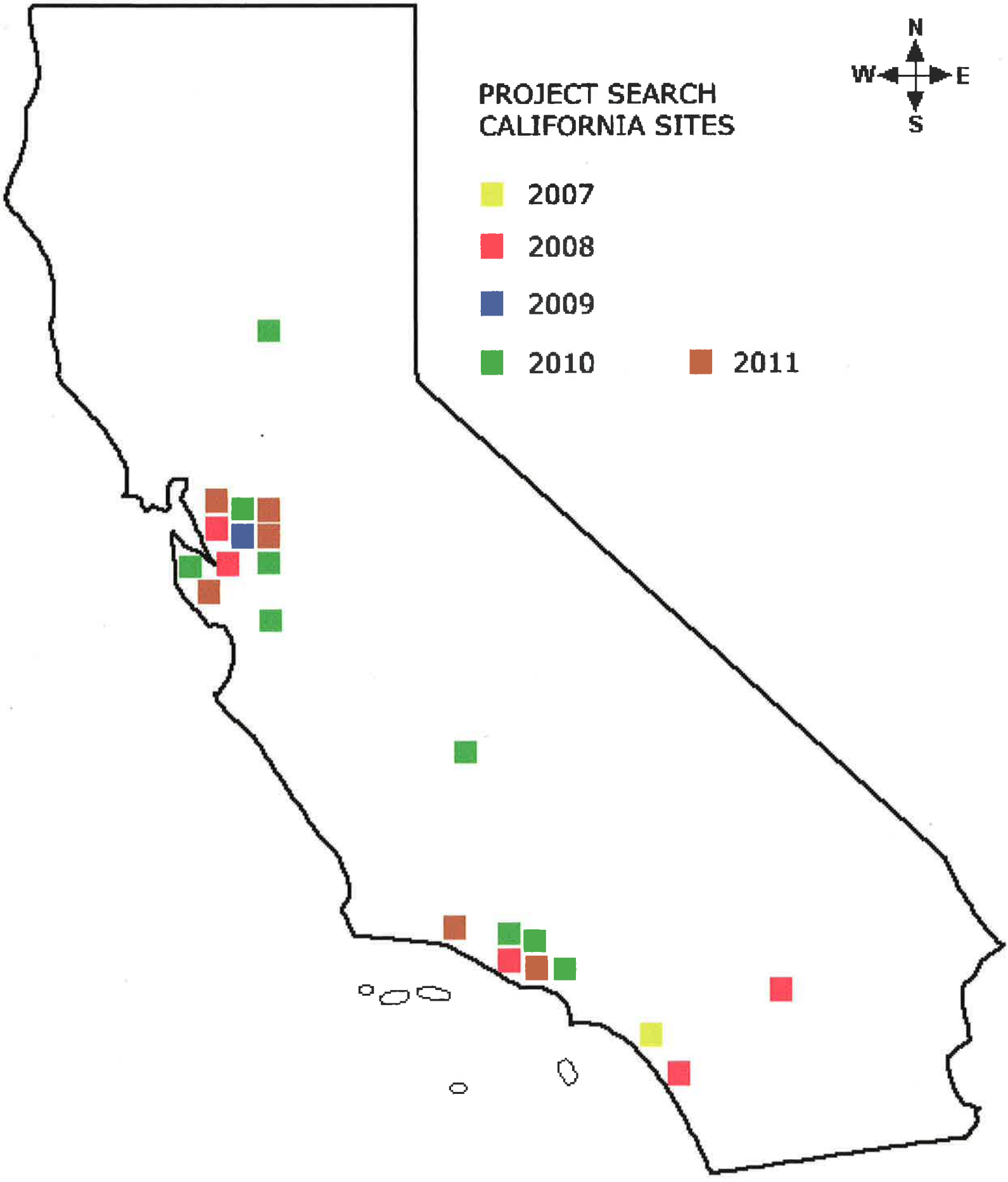
"You know, for their whole lives they have been put down," she said, then paused to gather herself. It's a painful and personal truth.

"It's good for them and good for us," she continued. "It makes us all slow down, appreciate what they are doing and what we are doing.

"It also enables all of the public involved with Children's Hospital Oakland to actually see that these individuals have more capabilities and talents than someone might think."

For more information about Project SEARCH, please go to www.eastbayinnovations.com.

INTERNS: (top l) Christine worked in the HR file room. (top r) Peter read his report during a classroom session with Project SEARCH teachers looking on. (center l) John had a big laugh during a classroom roundtable discussion. (center r) Derrick was happy to be working at his computer station in the Surgery department. (bottom) Project SEARCH interns gathered for a photo op.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PROJECT SEARCH
CALIFORNIA SITES
2007
2008
2009
2010
2011

Host Business
Saddleback Memorial Med. Ctr- 5 interns (Youth)
Riverside Community Hosptial- 8 interns (youth)
Hoag Memorial Hospital Presbyterian-3 interns (youth)
Memorial Hospital- 4 interns, San Juan Capistrano, CA (youth)
Children's Hosptial - Oakland- 12 interns (adults)
Kaiser- Vallejo- 10 interns (youth)
Cty of Alameda- 10 interns (adults)
Kaiser-San Francisco- 8 interns (Youth/Adults)
UCSF, San Francisco-3 interns (Adults)
Kaiser-Sacramento- 10-12 interns (youth/adults)
San Mateo Medical Center- 5 interns (youth/Adult)
UCLA Medical Center-4 interns (Youth)
Mercy Hospital, Bakersfield- 6 interns (adults)
Superior Courts- Long Beach-9 interns (youth)
Superior Courts- Alhambra- 5 interns (youth)
Superior Courts- Monterey Park (Children's Court)- 4 interns (youth)
Kaiser- Harbor City- 8 to 10 interns (youth)
PG&E, San Francisco- 6 interns (adults)

Sites Being Explored
Providence Hospital
TBD
Berkeley Labs
Kaiser-Santa Clara
Grammy's (Recording Academy), Los Angeles
Kaiser- Vacaville
Kaiser-Irvine
City of Whittier
Wells Fargo (processing center?)

Sites That Have Closed
Sharpes Hospital/San Diego

Education Partner	Community Rehab Partner
Saddleback Valley Unified Schools	
Riverside County office of Ed.	
Newport Mesa Unified School District	
Capistrano Unified School District	
Oakland Adult Ed	East Bay Innovations
Vallejo Unified Schools	Solano Diversified Services
Oakland Adult Ed	East Bay Innovations
San Francisco Unified School District	WorkLink
TBD	Toolworks
San Juan School District	Futures Explored
San Mateo Unified School District	Community Gatepath
Pathways	Pathpoint
TBD	Pathpoint
Long Beach Unified School District	Pathpoint
El Monte School District	Pathpoint
	Pathpoint
Los Angeles Unified School District	TBD/Harbor Regional Center
JVS?	ARC-SF

	Tierra Del Sol
TRACE	Community Options/San Diego
Oakland Unified School District	East Bay Innovations
Los Gatos/Fremont School Dis.	Hope Services
Pathways	Pathpoint
Solano Cty Office of Ed	Solano Diversified Services
Irvine Unified School district	
Whittier School District	
	ARC of Contra Costa County

	TMI

Start Date	Employment Outcomes (% of grads placed)
Fall 2007	
Fall 2008	2008=4/6, 2009=6/8
Fall 2008	
Fall 2008	
Fall 2008	
Fall 2008	
Fall 2009	2008=8/8, 2009=
Fall 2010	
Fall, 2010	
1/24/2011	
1/24/2011	
Fall, 2010	
1/24/2011	
Fall 2010	
Fall 2010	
Fall 2011	
Spring, 2011	

Exploration Phase

Exploration	
Exploration Phase	
Exploration Phase	
Exploration Phase	

Exploration Phase

Exploration Phase	
Exploration Phase	
Exploration Phase	

AGENDA ITEM DETAIL SHEET

ISSUE: Briefing Paper for Governor

BACKGROUND: At the time of a change in the California administration, state agencies, departments, boards and others prepare briefing papers for the new administration designed to inform them about the agency and bring key issues to their attention.

ANALYSIS/DISCUSSION: Council members and area boards were requested to provide input regarding the issues they believe needed to be included in a briefing to the new administration. Staff also reviewed the strategic plans developed by the area boards to identify key areas of interest from the community perspective. The outcome of this process was discussed by the Council Executive Committee, wherein they recommended that the paper include guiding principles and information about the partnership between the federally mandated and funded Council, disability rights and UCEDDs.

COUNCIL STRATEGIC PLAN OBJECTIVE: Shape public policy that positively impacts California with developmental disabilities and their families.

PRIOR COUNCIL ACTIVITY: In November 2003, the Council prepared a report for Governor Schwarzenegger entitled TRANISTION REPORT An Overview of Information and Issues Relating to the State Council and its Federal and State Mandates.

RECOMMENDATION(S): Staff recommends the Council review, amend as desired and approve a briefing paper from the Council to be issued to the Governor and other key elected/appointed officials.

ATTACHMENT(S): None, draft paper will be distributed prior to Council meeting.

PREPARED: Carol J. Risley, Executive Director